NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36°39'6.39" W: 76°9'7.78"

LICENSE #: 46
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Hartford Co Animal Shelter
OWNER: Hartford Co Government
ADDRESS: 231 Mount Moriah Rd Winston NC 27184
TELEPHONE: (336) 555-7861
VMO
COUNTY: Hartford

Number of Primary Enclosures: 7 Animals Present: Dogs 19 Cats 4

Inspector: Mark “X” in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities
☐ 1. Structure & Repair
☐ 2. Ventilation & Temp.
☐ 3. Lighting
☐ 4. Ceiling, Wall, Floors
☐ 5. Storage
☐ 6. Water Drainage

Primary Enclosures
☐ 7. Structure & Repair
☐ 8. Space
☐ 10. Adequate Shelter

SANITATION

☐ 11. Waste Disposal
☐ 12. Odor
☐ 13. Ceiling, Wall, Floors
☐ 14. Primary Enclosures
☐ 15. Equipment & Supplies
☐ 16. Washrooms, Sinks, Basins
☐ 17. Insect/Vermin Control
☐ 18. Building & Grounds

HUSBANDRY

☐ 19. Adequate Feed/Water
☐ 20. Food Storage
☐ 21. Personnel
☐ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☐ 23. Animals’ Appearance

SPECIAL ITEMS

Records
☐ 24. Description of Animals
☐ 25. Records/Vet Treatment
☐ 26. Origin/Disposition
☐ 27. Signature (boarding kennel)
☐ 28. Written permission from owner for commingling (doggie daycare)

TRANSPORTATION

☐ 29. Care in Transit Discussed

VETERINARY CARE

☐ 30. Isolation Facility
☐ 31. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 1/3/10 Time: 11:45 AM

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 46
TYPE FACILITY: Animal Shelter (Private)  X  Boarding Kennel  □  Pet Shop  □  Public Auction  □
BUSINESS NAME: Hertford Co Animal Shelter
OWNER:
ADDRESS:
TELEPHONE: (___)___-________

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And</th>
<th>Date Corrections</th>
<th>Recommendation For Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PAWS OF Hertford has purchased 2 mobile homes and are going</td>
<td></td>
<td>To renovate for a Cat Shelter and one for puppies.</td>
</tr>
<tr>
<td></td>
<td>PAWS is operating this facility and is doing very well to keep</td>
<td></td>
<td>The facility is in great shape.</td>
</tr>
<tr>
<td></td>
<td>Everything looks good. PAWS needs to contact me once the renovation has been completed.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED

Inspector's Signature

Linda Andrews
Owner/Authorized Agent's Signature

Date: 4/2/10  Time: 17:54

AW-2 Rev. 1/07

White= Office  Canary= Inspector  Pink= Owner

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