ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.00784 W: 79.31749

LICENSE #: 65
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: HoPe Raeford Humane Society
OWNER: Michelle Aulls (Manager)
ADDRESS: 700 CC Steele Rd, Raeford, NC 28376, SR# 1321
TELEPHONE: (910) 875-5486
VMO: Sholar
COUNTY: HoPe

Number of Primary Enclosures 20 Animals Present: Dogs 50 Cats 31

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

SPECIAL ITEMS

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

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

TRANSPORTATION

☐ 28. Care in Transit Discussed

VETERINARY CARE

☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

☐ APPROVED ☑ DISAPPROVED

Date: 7.11.07 Time: 10:00 AM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**LICENSE #:** 605  
**TYPE FACILITY:** Animal Shelter (Private/Public) ☑  Boarding Kennel  ☐  Pet Shop  ☐  Public Auction  ☐  
**BUSINESS NAME:** Holy Rosary Humane Society  
**OWNER:** Michelle Quiros  
**ADDRESS:** 7800 S. State Rd, Rayford, NC  28376  
**TELEPHONE:** (910) 875-6086  

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None of the inadequacies have been corrected from 6-19-07 except the ceiling insulation has been removed which helped to deter.</td>
<td></td>
</tr>
</tbody>
</table>

This is the 5th disapproved inspection.

☐ APPROVED  ☑ DISAPPROVED  

**Date:** 7-11-07  
**Time:** 10:00 AM  

**Inspector's Signature:** [Signature]  

**Owner/Authorized Agent's Signature:** [Signature]  

**White:** Office  
**Canary:** Inspector  
**Pink:** Owner  

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