

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

| |
|--|
| INDOOR <input checked="" type="checkbox"/> |
| OUTDOOR <input type="checkbox"/> |
| BOTH <input type="checkbox"/> |

| |
|---|
| Type of Inspection |
| New <input type="checkbox"/> |
| Annual <input type="checkbox"/> |
| Follow-Up <u>6-10-08</u> (Prev. Inspection Date) |
| Complaint <input type="checkbox"/> |
| Courtesy <input type="checkbox"/> |
| Random <input type="checkbox"/> |

ENTERED
E 9-11-08 D

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.00786 W: 79.21769

LICENSE #: 65
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Hoke County Animal Shelter
 OWNER: Hoke Co. Gov.
 ADDRESS: 700 CC Steele Rd., Raeford, NC 28376
 TELEPHONE: (910) 875-5486
 VMO Sholar
 COUNTY Hoke

Number of Primary Enclosures 20 Animals Present: Dogs 12 Cats 7

**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
 - 9. Ventilation & Temp.
 - 10. Adequate Shelter

SANITATION

- 11. Waste Disposal
- 12. Odor
- 13. Ceiling, Wall, Floors
- 14. Primary Enclosures
- 15. Equipment & Supplies *NIA*
- 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 *NIA* 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 9-8-08 Time: 12:30

P. M. Sholar
Inspector's Signature

[Signature]
Owner/Authorized Agent's Signature

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

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ENTERED
 9-11-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 65
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Wake Co. Animal Shelter
 OWNER: _____
 ADDRESS: _____
 TELEPHONE: () - - _____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|-------------|--|------------------------------------|
| | Follow-up from 6-10-08 | |
| | Comments: | |
| | At 11:50 Am the Kennel temperature was 80°. | |
| | Kennels are clean, evidence insect control is working, no visible signs of illness were noted today. | |
| | Discussed storing unopened bags of dry food on a pallet or something to keep bags off the floor. | |
| | Construction of new shelter has begun. Went to site today - concrete should be poured soon. Public Building director stated in an email 7-24-08 that completion should be in 3 months - October '08. | |
| | Inspection is still Conditionally Approved contingent upon moving into the new facility. | |
| | Re-Inspection in 60 days. | |

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 9-8-08 Time: 12:30

Pet M. Sholar
 Inspector's Signature

[Signature]
 Owner/Authorized Agent's Signature