

**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 type="checkbox"/>
OUTDOOR <input type="checkbox"/>
BOTH <input checked="" type="checkbox"/>

Type of Inspection
New <input type="checkbox"/>
Annual <input type="checkbox"/>
Follow-Up <u>7-8-09</u> (Prev. Inspection Date)
Complaint <input type="checkbox"/>
Courtesy <input type="checkbox"/>
Random <input type="checkbox"/>

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.31460 W: 77.61483

LICENSE #: 73
 TYPE FACILITY: Animal Shelter (Private) (Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Lenior County SPCA / Lenior County Animal Shelter
 OWNER: Jerry Henderson - President
 ADDRESS: P.O. Box 1481, Rouse Rd. Ext., Kinston, NC 28502
 TELEPHONE: (252) 522-0787 / 520-0003
 VMO Sholar
 COUNTY Lenior

Number of Primary Enclosures 50-59 Animals Present: Dogs 66 Cats 37

**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

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

Primary Enclosures

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

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

- 29. Care in Transit Discussed

Veterinary Care

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

APPROVED CONDITIONALLY APPROVED DISAPPROVED

Date: 1/16/09 Time: 2:30pm

Adam Sholar
Inspector's Signature

Justin Hargreaves
Owner/Authorized Agent's Signature

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 73
 TYPE FACILITY: Animal Shelter (Private) (Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Lennox Co. SPCA / Lennox Co. A.S.
 OWNER: _____
 ADDRESS: _____
 TELEPHONE: (____) _____ - _____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
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Follow-up from 7-8-09
 Items Addressed:

1- Primary Enclosures - Inside Kennels - All of the damaged showerboard has been removed from the Kennel walls. The Kennel walls have been cleaned, sealed and re-painted. All of the dogs were removed from these Kennels and housed in temporary Kennels provided by CAMET.

2- Grounds behind the "Bast Camp Kennels" - A plastic (Pvc) pipe was cut in half and attached to the back of the concrete pad. A mesh material was placed on top to catch the hair. This has improved the sanitation behind these Kennels.

Comments:

Shelter has added 9 new pens in the concrete common area. Part of these are designated for Animal Control drop off dogs. Advised shelter to provide an additional dog house in these pens when the weather is cold.

The shelter is medicating the dogs and cats for an upper respiratory infection - Kennel cough with the dogs. Advised shelter to consult their vet on the correct viricide to use.

The shelter has added a cage dryer and refrigerator since the last inspection. It is apparent the shelter is working hard to make the necessary repairs and improvements to stay in compliance with the AW regulations.

Items to Address:

24) Description of Animals - Many records were found that showed little to no attention to putting on accurate description - of the dog or cat. This is falling to Animal Control whose intake paperwork is inadequate. Discussed with management. Work on being more specific.

20) Origin - Same as 24) Work on being more specific.

These items should be discussed with personnel and start improvements right away. Note: All euthanasia for this shelter is performed by Northside An. Hosp.

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 11/16/09 Time: 2:30pm

D.M. Shaler
 Inspector's Signature

Keaton Murganious
 Owner/Authorized Agent's Signature