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: 35.31460 W: 77.61483

LICENSE #: 73
TYPE FACILITY: Animal Shelter (Private/Public)
BOARDING KENNEL □ PET SHOP □ PUBLIC AUCTION □
BUSINESS NAME: Lenoir Co. SPCA
OWNER: President - Jerry Nondenson
ADDRESS: P.O. Box 1481, 2455 Rountree Rd. Ext., Kinston, NC 28502
TELEPHONE: (252) 582-0787

VMO □ Shelter
COUNTY □ Lenoir

Number of Primary Enclosures 50 Animals Present: Dogs 53 Cats 47

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 NA
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) □

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: 09-16-08 Time: 2:00 pm

Inspector’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 73

TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐

OWNER:
ADDRESS: 
TELEPHONE: (___) _____ - ________

<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>26)</td>
<td>Recent should include animal ID number.</td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td>Indoor Kennels - damaged, shower board - on order.</td>
<td></td>
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<tr>
<td></td>
<td>Wire Patrol - pay attention to wires that need to be tuned down.</td>
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<tr>
<td></td>
<td>Outdoor Kennels need 1 hour per adult dog.</td>
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<td></td>
<td>Comments - Kitten Room - Temperature seems extra cold - check on adjusting</td>
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<tr>
<td></td>
<td>temperature and remove damaged resting boards and do not allow Kittens to</td>
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<td></td>
<td>climb on wood.</td>
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<td></td>
<td>Drop Pen - Infrequently used - need to grow grass or move to solid surface.</td>
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<tr>
<td></td>
<td>Food Room - check loose ceiling tiles.</td>
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<tr>
<td></td>
<td>Outdoor pens have been replaced and have a new roof.</td>
<td></td>
</tr>
</tbody>
</table>

Inspection Conditionally Approved contingent upon address
Th above items
Re-Inspect in 2 wks

☑ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED

Inspector’s Signature: ____________________________  Owner/Authorized Agent’s Signature: ____________________________

Date: 5-16-08 Time: 2:00 P.M.

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

PAGE 2 OF 2