

Type of Inspection
 New _____
 Annual _____
 Follow-Up 9-16-08
 (Prev. Inspection Date)
 Complaint _____
 Courtesy _____
 Random _____

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

INDOOR
 OUTDOOR
 BOTH

ENTERED
 12-12-08

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 Co. SPCA / Lenior Co. Animal Shelter
 OWNER: Terry Henderson - President
 ADDRESS: P.O. Box 1481, 2455 Rouse Rd. Ext., Kinston, NC 28502
 TELEPHONE: (252) 522-0787
 VMO Shelar
 COUNTY Lenior

Number of Primary Enclosures 50 Animals Present: Dogs 40 Cats 25

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

STRUCTURE

SANITATION

SPECIAL ITEMS

Housing Facilities

- 1. Structure & Repair
- 2. Ventilation & Temp. *See Comment*
- 3. Lighting *See Comment*
- 4. Ceiling, Wall, Floors *See Comment*
- 5. Storage
- 6. Water Drainage

- 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

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 *See Comment*
- 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 12-9-08 Time: 1:30 PM

Peter M. Shelar
 Inspector's Signature

Jowen M. Bennett
 Owner/Authorized Agent's Signature

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

ENTERED
 12.2.08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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 BUSINESS NAME: Lenoir Co. SPCA / Lenoir Co. AS.
 OWNER: _____
 ADDRESS: _____
 TELEPHONE: () _____ - _____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
Follow-up from 9-16-08		
Items that have been addressed:		
1-	Indoor Runs - Some shower board has been replaced and square pvc has been fitted over edges to prevent damage.	
2-	Shelter attendant stated the outdoor drop pen was no longer being used and plans are to pour a concrete pad for the drop pen.	
Items still to be addressed:		
7)	Indoor Runs - Many of the runs have damaged showerboard - needs to be replaced. Run # 2 on right - door - chain link needs attention.	
10)	Outdoor Pens - Inadequate shelter - There must be one house per dog. Discussed using airline crates for houses which is acceptable or reduce numbers.	
26)	Id #'s - Shelter plans to ^{have} new receipt forms printed that will have a numbering system. Should be in use within next 30 days.	
Comments:		
Inside Run area needs a thermometer to monitor ambient temperature 50°-85°.		
Lighting - switch in supply room. Bulbs in treatment room.		
Ceiling tile in feed room needs to be replaced.		
Re-Inspect in 30 days.		

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 12.9.08 Time: 1:30pm

[Signature] [Signature]
 Inspector's Signature Owner/Authorized Agent's Signature