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° 8' 6" 64' W: 77° 0' 9' 23"

LICENSE #: 89
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Martin Co. Animal Shelter
OWNER: Martin Co. Government
ADDRESS: 1411 N. East St. Williamston NC 27892
TELEPHONE: (252) 792-6918
VMO Hunter
COUNTY Martin

Number of Primary Enclosures 8-Inside 5-Outside
Animals Present: Dogs 18 Cats 1

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
☐ 24. Description of Animals
☐ 25. Records/Vet 1 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

Inspector’s Signature

Owner/Authorized Agent’s Signature

A.W.
Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner

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<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>#2 #9</td>
<td>Need to provide a system to bring down the temperature inside the kennel. I would suggest installing a couple of window AC units.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The weather was cloudy today. I walked into the shelter and it was very warm.</td>
<td></td>
</tr>
<tr>
<td>#6</td>
<td>Need to scoop up solid waste before washing down outside kennels.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Everything else looks good.</td>
<td></td>
</tr>
</tbody>
</table>

I am conditionally approving this facility. I will re-check the facility in 30 days.

☐ APPROVED  ☒ CONDITIONALLY APPROVED  ☐ DISAPPROVED  

 Inspector’s Signature: [Signature]  Owner/Authorized Agent’s Signature: [Signature]

Date: 2/1/11  Time: 3:30 PM

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

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