**ANIMAL WELFARE INSPECTION**

**BUSINESS NAME:** Moore County Center  
**OWNER:** Moore County  
**ADDRESS:** 5235 Hwy 15-501, Carthage, NC 28327 (PO Box 279)  
**TELEPHONE:** (910) 741-2858  
**COUNTY:** Moore  
**TYPE FACILITY:** Animal Shelter  
**Number of Primary Enclosures:** 50  
**Animals Present:** Dogs 70, Cats 72

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

<table>
<thead>
<tr>
<th>STRUCTURE</th>
<th>SANITATION</th>
<th>SPECIAL ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Facilities</td>
<td>Waste Disposal</td>
<td>Records</td>
</tr>
<tr>
<td>Structure &amp; Repair</td>
<td>Odor</td>
<td>Description of Animals</td>
</tr>
<tr>
<td>Ventilation &amp; Temp.</td>
<td>Ceiling, Wall, Floors</td>
<td>Records/Vet Treatment</td>
</tr>
<tr>
<td>Lighting</td>
<td>Primary Enclosures</td>
<td>Origin-Disposition</td>
</tr>
<tr>
<td>Ceiling, Wall, Floors</td>
<td>Equipment &amp; Supplies</td>
<td>Signature (boarding kennel)</td>
</tr>
<tr>
<td>Storage</td>
<td>Washrooms, Sinks, Basins</td>
<td>Transportation</td>
</tr>
<tr>
<td>Water Drainage</td>
<td>Insect/Vermin Control</td>
<td>Care in Transit Discussed</td>
</tr>
</tbody>
</table>

**HUSBANDRY**

- Adequate Feed/Water
- Food Storage
- Personnel
- Animals’ Appearance

**Item Number** | **Explanation of Inadequacy (circled items above) And Recommendation For Compliance** | **Date Corrections Must Be Completed**

- Shelter in great shape.
- Built 4 years ago.
- No Air Conditioning in Kennel Area.
- No problems or concerns that I observed.
- Lethal Injection.

**APPROVED**  
**DISAPPROVED**

**Date:** 6/18/06  
**Time:** 1:10pm

**Veterinarian:** Dr. Beth Lyster  
**Telephone:** (910) 949-2111

**Owner/Authorized Agent’s Signature**