Type of Inspection
New □
Annual X 10-7-10
Follow-Up _____
(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 X
OUTDOOR □
BOTH □

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.30735 **W:** 79.41536

LICENSE #: 18
TYPE FACILITY: Animal Shelter (Private/Public) X **Boarding Kennel** □ **Pet Shop** □ **Public Auction** □
BUSINESS NAME: Moore County Animal Control
OWNER: 5235 Hwy 15/501 Carthage NC
ADDRESS:
TELEPHONE: (910) 947-2858
VMO Hunter
COUNTY Moore

Number of Primary Enclosures 100 **Animals Present: Dogs** 29 **Cats** 36

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

STRUCTURE

Housing Facilities
X 1. Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
(4.) Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
X 7. Structure & Repair
X 8. Space
X 9. Ventilation & Temp.
X 10. Adequate Shelter

SANITATION

X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
(14.) Primary Enclosures
(15.) Equipment & Supplies
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
X 18. Building & Grounds

HUSBANDRY

X 19. Adequate Feed/Water
(20.) Food Storage
X 21. Personnel
X 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
X 23. Animals' Appearance

SPECIAL ITEMS

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

Transportation
X 29. Care in Transit Discussed

Veterinary Care
X 30. Isolation Facility
X 31. No Signs of Illness/ Treated

□ **APPROVED** □ ~~**CONDITIONALLY APPROVED**~~ X **DISAPPROVED** Date: 2:45pm. Time: 10-7-10

Elysia Yo
Inspector's Signature

X
Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 18
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Moore County Animal Control
OWNER:
ADDRESS: (CONT)
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Last inspection 3-22-10 * Euthanasia inspection performed. * Cinder block walls resealed/repainted. Cracks sealed. Caulk @ baseboards. * Thermometer in each room. * metal beams repainted. * repair where ceilings were peeling.	
	Today Inspection: * Repairs from last inspection have still not been addressed. Manager says they are waiting on maintnance. #4- All floors need to be resealed. Paint is chipping & there are cracks throughout. #14- Doors on cat cages need to wiped down & sanitized daily. - Plastic clipboards used for paperwork on cat cages need to be wiped down & sanitized daily. #15- Refridgerater in surgery room needs to be washed & sanitized at least weekly - replace any broken/or chewed clipboards #20- All open bags of food/treats must be stored in Sealed Containers. * Reinspect in 60 Days - AT This time all inadequacies must be addressed.	

☐ **APPROVED** ☒ **DISAPPROVED** Date: 10-7-10 Time: 2:45 pm.

E. Gen
Inspector's Signature

☒ Brooke Nelson
Owner/Authorized Agent's Signature

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