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: 34° 26' 45.5" W: 77° 52' 06.4"

LICENSE #: 5
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME: New Horizons Humane Society
OWNER: Human Society
ADDRESS: 2405 N. 23rd ST, P.O. Box 2094, WIL, NC  28401
TELEPHONE: (910) 763 - 6692
VMO  New Horizons
COUNTY: New Horizons

Number of Primary Enclosures 26  Animals Present: Dogs 2  Cats 3

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 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

GENERAL
29. Care in Transit Discussed
30. Isolation Facility
31. No Signs of Illness/
   Treated

APPROVED  CONDITIONALLY APPROVED  □ DISAPPROVED

Inspector's Signature  Owner/Authorized Agent's Signature

Date: 10/10  Time: 1:00 PM

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 5
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: New Horizons Humane Society
OWNER: [Address]
ADDRESS: [Telephone: ( )- Cont.]

<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>Comments:</td>
<td>Shelter is clean and odor free. No signs of illness noted.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussed replacing food pans when they become chewed and to continue to work on maintaining good grass in the exercise yard.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There were no shelter animals to euthanize yet.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 10/10 Time: 1:00 PM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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