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" W: 77°32'04"

LICENSE #: 5

TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: The New Hanover Humane Society
OWNER: Numan E. St. J.小麦
ADDRESS: 2405 N. 23rd St., P.O. Box 2974, Wilmington, NC 28401
TELEPHONE: (910) 763-6682
VMO Shelter
COUNTY New Hanover

Number of Primary Enclosures 26 Animals Present: Dogs 7 Cats 5

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

Transportation
29. Care in Transit Discussed

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

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date 8-8-08 Time: 2:00pm

Owner/Authorized Agent’s Signature

Inspector’s Signature

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)  
**BUSINESS NAME:** The New Hanover Humane Society  
**ADDRESS:**  
**TELEPHONE:** (____) ________  

<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>
</table>
|             | Comments:  
Outdoor exercise yard that had sparse grass now has better grass. Only the immediate areas under the tree are still bare dirt. Suggest isolating these areas if grass will not grow or choose not to install grass. |
|             | Need to monitor temperature in K-9 area (inside). Ambient temperature must be between 500 and 850. |
|             | Right exercise yard has had a drainage issue from the construction next door and recent heavy rain, but today all the water has been drained off. |
|             | Records are in order, no signs of illness noted today. |
|             | Shelter is clean and odor free. |

**APPROVED**  
**Conditionally Approved**  
**DISAPPROVED**  

**Date:** 8-8-08  
**Time:** 2:00pm

**Inspector’s Signature**  
**Owner/Authorized Agent’s Signature**

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