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: 34.4595 W: 77.577810

LICENSE #: 84
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Topsail Humane Society
OWNER: Kathy Lewis
ADDRESS: 349 Rocky Creek Rd, Hampstead, NC 28443
TELEPHONE: (910) 534-0323
VMO: Topsail
COUNTY: Pender

Number of Primary Enclosures ______ Animals Present: Dogs ___ Cats ___

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

☐ APPROVED ☐ DISAPPROVED

Date: 1-30-08 Time: 11:00 Am

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 84  
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □  
BUSINESS NAME: Topsail Humane Society

OWNER: [Handwritten]
ADDRESS: [Handwritten]
TELEPHONE: (____) - ______ [Handwritten]

<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></td>
<td>Follow-up from 11-13-07</td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td>Outdoor exercise yard - ground is on site and workers ready to spread it today.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New records have been created - look good.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dogs look well and for temperature 64° at 10:00 am.</td>
<td></td>
</tr>
</tbody>
</table>

Good Job!

APPROVED   □ DISAPPROVED  
Date: 1-30-08  Time: 11:00 AM

Inspector’s Signature

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