NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ENTERED 10-7-09

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.41178  W: 77.61096

LICENSE #: 84
TYPE FACILITY: Animal Shelter (Private/Public)
BOARDING KENNEL  □  PET SHOP  □  PUBLIC AUCTION  □
BUSINESS NAME: Topsail Humane Society
OWNER: Kathy Lewis
ADDRESS: 117 Lewis Rd, Nags Head, NC 28463
TELEPHONE: (919) 270-2843
VMO: Shelor
COUNTY: Pender

Number of Primary Enclosures: 37  Animals Present: Dogs 12+  Cats 0

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: 10/4/09  Time: 1:00pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 3
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 84
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Topsail Humane Society
OWNER: [Redacted]
ADDRESS: [Redacted]
TELEPHONE: ( ) [Redacted]

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

Primary Enclosure-

7) Pen #5 - Broken single pen - Right side panel has a hole in the wire and a section is loose and needs to be secured.

8) Pen #4 - Bottom pipe is broken to the left of the gate.

3) Panels on the roof are loose and need to be re-attached.

Large exercise yard - fence must be 5 feet in height.

Small exercise pen - fence must be 5 feet in height.

6) Foot high pen has damage on the gate wire.

Sanitation-

14) There is still hair and feces at the edge of the concrete pads. The grass has been allowed to grow up too close and makes cleaning up hair and feces difficult. The grass needs to be kept cleaned away from the edges of the concrete.

15) Exercise pens need the grass mowed.

16) The bushes around the shelter building (house) need to be trimmed.

17) Adequate Food/Water - 3 pups in a cage did not have any water. Volunteer gave water during inspection. 1 puppy in the small dog room did not have any water.

18) Description of Animals - There needs to be a better description of each dog on their record.

19) Origin/Disposition - Records of origin are lacking information again. Discussed on previous inspection. This information must be available for inspection on each dog. It does not have to be passed on to the new owner.

1) Structure & Repair - All dogs (personal & shelter) are subject to the AW rules. When THIS moved into this facility, it was undercut by the mongrel that was and upholstered furniture was not acceptable. The staff's personal 2 dogs have free range of this facility, which is not acceptable.

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☑ DISAPPROVED  Date: 10/16/09  Time: 1:00 pm

Pat M. Stover
Inspector’s Signature

Elizabeth M. Lewis
Owner/Authorized Agent’s Signature

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

PAGE 2 OF 3
LICENSE #: 84
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel  □ Pet Shop  □ Public Auction  □
BUSINESS NAME: Topsoil Human Society
OWNER:  
ADDRESS:  
TELEPHONE:  

<table>
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<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
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Comments:

- Isolation is being done at foster homes.
- All items need to be addressed in 7 days.
- All dogs were given water during inspection.
- Kathy Lewis, owner was not able to be on site during this inspection.

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☑ DISAPPROVED  Date: 10/4/09  Time: 1:00 pm

Inspector’s Signature  Owner/Authorized Agent’s Signature

AW-2  Rev. 1/07
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PAGE 3 OF 9