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: 34.44595 W: 77.57780

LICENSE #: 10491
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Topsail Humane Society Boarding
OWNER: Kathy Lewis
ADDRESS: 304 Becky's Creek Rd., Harnett, NC 28344
TELEPHONE: (910) 275-8380
VMO: Shelter
COUNTY: Pender

Number of Primary Enclosures: 16
Animals Present: Dogs 0 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 □
- 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 □

### 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 □

### 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) □

**Transportation**
- 29. Care in Transit Discussed □

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

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**APPROVED** □ **CONDITIONALLY APPROVED** □ **DISAPPROVED** □

Date: 2/11/09  Time: 10:00 AM

Inspector: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10491**  
**TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □**  
**BUSINESS NAME: Topsoil Humane Society Boarding**  
**OWNER:**  
**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>
<tbody>
<tr>
<td>3)</td>
<td><strong>Lighting - Outside Runs - Left side - 2nd &amp; 6th Set of lights are not burning. Right side - 4th Set of lights are not burning.</strong> All lights in facility must be in working order.</td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td><strong>Structure &amp; Repair - Left and right side play areas - bare dirt is showing. Need to bring ground up to cinch required depth. Run#8, #9 - Holes in wall need to be repaired and repainted. Run#9, #14, #20 - Chain link on inside gates need attention, Arise with chipped and peeling paint need repainting/retaping.</strong></td>
<td></td>
</tr>
<tr>
<td>20)</td>
<td><strong>Food Storage - One open bag of dry food was found. All open bags of food must be stored in a closed container.</strong></td>
<td></td>
</tr>
</tbody>
</table>

Temperatures were 67° and 74°.

Re-Inspect in 60-90 days.

**□ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED**  
**Date:** 11/09  
**Time:** 10:00 AM

**Inspector's Signature:** [Signature]

**Owner/Authorized Agent's Signature:** [Signature]

**White= Office**  
**Canary= Inspector**  
**Pink= Owner**

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