CDA&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: 35.47637 W: 77.51467

LICENSE #: ________
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Town of Aydele Holding Facility
OWNER: [Name]
ADDRESS: 444 West Ave, Aydele, NC 28605
TELEPHONE: (336) 796-7014
VMO: [Name]
COUNTY: P.M.

Number of Primary Enclosures: 4
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

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

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

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

☐ APPROVED ☐ DISAPPROVED

Date: 7/21/10
Time: 1:59 PM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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

**LICENSE #:**

**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

**BUSINESS NAME:** Town of Ay New Animal Facility

**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></td>
<td>This is a new facility that houses animals until the animals are transported to Pitt County Animal Shelter.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is one (1) inadequacy that needs addressing dealing with the primary enclosures.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#7 The wood in the cat room needs to be removed. The wood under the dog houses needs to be removed. The wiring on the gate needs to be repaired.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I will re-inspect in 30 days.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☑ DISAPPROVED  Date: 7/31/10  Time: 1:55pm

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

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

PAGE ____ OF ____