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° 51' 63" W: 77° 40' 42"

LICENSE #: 
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: TOA of Waterville Public Works
OWNER: TOA of Waterville
ADDRESS: 2571 Railway St, Waterville, NC 28590
TELEPHONE: (988) 714-9123
VMO: HAUSCO
COUNTY: Pitt

Number of Primary Enclosures: 3 Animals Present: Dogs: 1; 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

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

☐ APPROVED ☒ DISAPPROVED

Date: 7/31/10 Time: 12:00 AM

Inspector's Signature

Owner/Authorized Agent's Signature

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

PAGE 1 OF 7
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:**

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

**BUSINESS NAME:** Town of Winterville

**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>5</td>
<td>This is a new outdoor holding facility. The dogs are kept for 3 days then P.T.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There were 2 inadequacies that need addressing:</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Need to install 6&quot; of gravel behind the kennel for drainage.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Cover wood in the second kennel.</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Need to store food in seal container.</td>
<td></td>
</tr>
</tbody>
</table>

I will re-inspect in 5 days.

□ APPROVED  ☑ DISAPPROVED  

**Date:** 7/24/10  
**Time:** 12:40p

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**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

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**AW-2 Rev. 1/07**

White= Office  
Canary= Inspector  
Pink= Owner

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**PAGE ___ OF ___**