ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 51' 6.27''  W: 77° 40' 41.7''

LICENSE #: 132
TYPE FACILITY: Animal Shelter (Private/Public) □  Boarding Kennel □  Pet Shop □  Public Auction □
BUSINESS NAME: Town of Winterville Public Works
OWNER:
ADDRESS: 2571 Railroad ST Winterville NC 28590
TELEPHONE: (828) 714-9128
VMO  
COUNTY

Number of Primary Enclosures 3  Animals Present: Dogs 2  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  ❑  DISAPPROVED  ❑

Date: 7/4/10  Time: 10:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

White= Office  Canary= Inspector  Pink= Owner

PAGE 1 OF 1
**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 CONTINUATION PAGE**

**LICENSE #:**

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

**BUSINESS NAME:** Town of Wilmington

**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 and the inadequacies have been corrected.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This facility can be licensed.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED**

**Date:** 7/1/10  **Time:** 10:00 AM

**Inspector's Signature**

**Owner/Authorized Agent's Signature**

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

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

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