ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.6181 W: 77.59540

LICENSE #: 130
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Town of Farmville Police Dept Holding Facility
OWNER: Town of Farmville
ADDRESS: 3672 N. Main St Farmville NC
TELEPHONE: (252) -
VMO -
COUNTY -

Number of Primary Enclosures 4 Animals Present: Dogs 0 Cats 2

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: 3/14/11 Time: 9:50 a.m.

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
LICENSE #: 130
TYPE FACILITY: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Town of Farmville
OWNER: ____________________________
ADDRESS: ____________________________
TELEPHONE: ( ) ____________________________

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
--- | --- | ---
The inadequacies from the 2/14/11 inspection have been corrected.

APPROVED □ DISAPPROVED
Date: 3/14/11 Time: 9:50am
Inspector’s Signature: ____________________________
Owner/Authorized Agent’s Signature: ____________________________
White= Office Canary= Inspector Pink= Owner