NCDA&CS, VETERINARY DIVISION
1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030
PHONE: 919/733-7601, FAX: 919/733-2277

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.79040  W: 78.90785

BUSINESS NAME: Robinson County Animal Shelter  LICENSE #: 29
OWNER: Robinson County  ADDRESS: 255 Crawford Rd. St. Pauls, NC 28388
TELEPHONE:(910) 865 - 2200  COUNTY: VMO
TYPE FACILITY: Animal Shelter  Boarding Kennel ☐  Dealer ☐  Pet Shop ☐  Public Auction ☐
Number of Primary Enclosures: 106  Animals Present: Dogs 33  Cats 5

Inspector: Mark “X” in box, if adequate.  Circle 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. Animals’ Appearance

SPECIAL ITEMS
Records
☒ 23. Description of Animals
☒ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
☒ 26. Signature (boarding kennel)
Transportation
☒ 27. Care in Transit Discussed
Veterinary Care
☒ 28. Isolation Facility
☒ 29. No Signs of Illness/Treated

Item Number  Explanation of Inadequacy (circled items above) And Recommendation For Compliance  Date Corrections Must Be Completed

On 2/14/07, I visited the Robinson County Animal Shelter on reference 444. A complaint was filed by the Humane Society of Eastern North Carolina. There were 20+ animals in the shelter not provided with veterinary medical care, sick and injured animals were not being treated. Example: a beagle was impounded on 2/13/07 and 1 of its eyes popped out. The dog was euthanized on 2/13/07. If the trained employee is off the job, the animal is transported to a vet. The vet indicated that Terry Brown performs euthanasia. This is not correct, only one employee is certified to euthanize. I also found 52 animals were euthanized on the 12th. If the trained employee is off the job, the animal is transported to a vet. The vet indicated that Terry Brown performs euthanasia. This is not correct. Only one employee is certified to euthanize. The building was in need of cleaning, the pens were dirty because the dogs were in them and the dogs had food and water. The dogs are not

☑ APPROVED  ☐ DISAPPROVED  Date: 2/14/07  Time: 10:00 AM

Veterinarian:  Telephone: (910) 759 - 9411

AW-2  Rev. 2/05  White= Office  Canary= Inspector  Pink= Owner

Inspector’s Signature  Owner/Authorized Agent’s Signature
ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34° 7' 40" W: 78° 9' 8" 3"

BUSINESS NAME: Robeson County Animal Shelter LICENSE #:
OWNER: Robeson County
ADDRESS: 258 Landfall Rd St Paul NC 28388
TELEPHONE: (910) 885-2700 VMO COUNTY Robeson
TYPE FACILITY: Animal Shelter □ Boarding Kennel □ Dealer □ Pet Shop □ Public Auction □
Number of Primary Enclosures: 10 Animals Present: Dogs 3 Cats 5

Inspector: Mark “X” in box, if adequate. Circle 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. Animals’ Appearance

SPECIAL ITEMS
Records
Description of Animals
Records/Vet Treatment
Origin/Disposition
Signature (boarding kennel)
Transportation
Care in Transit Discussed
Veterinary Care
Isolation Facility
No Signs of Illness/Treated

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance |
-------------|-----------------------------------------------------------------------------------|
Moved (Pictures Were Taken) | Item #5 I observed no puppies in cages being Trapped or Struggling. The cages are structurally sound and maintained. The catwalks were structurally sound and maintained. Item #4 Failure to provide proper nourishment. The shelter utilizes both soft and dry food for the animals. #5 Inhumane Animal handing. I observed inhumane handling and all dogs look unhealthy. I also observed a mother dog and puppies in a pen. The mother dog was in a recting box and looked comfo-table and not under stress. The shelter was not aware of me visiting and when I walked into the shelter everything looked good. In reference to item #6 I observed no violations. Item #7 Refusal to accept Training. All employees are trained and certified. (Made copies of training and licensed. Mr. Bass is currently in training for euthanization with Dr. Lucas)

☑ APPROVED  □ DISAPPROVED Date: 2/19/17 Time: 10:00 AM

Veterinarian: Dr. Locklear Telephone: (910) 339-9411

Jeff Bass Owner/Authorized Agent’s Signature

AW-2 Rev. 2/05 White= Office Canary= Inspector Pink= Owner
ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34° 29' 04.5" W: 78° 08' 43.5"

BUSINESS NAME: Robeson County Animal Shelter  LICENSE #: 123456
OWNER: Robeson County
ADDRESS: 255 Lakeview Rd St. Paul NC 28388
TELEPHONE: (910) 123-4567 VMO COUNTY Robeson
TYPE FACILITY: Animal Shelter X Boarding Kennel □ Dealer □ Pet Shop □ Public Auction □
Number of Primary Enclosures 10 □ Animals Present: Dogs 33 □ Cats 5 □

Inspector: Mark “X” in box, if adequate. Circle 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. Animals’ Appearance □

SPECIAL ITEMS
Records □
23. Description of Animals □
24. Records/Vet Treatment □
25. Origin/Disposition □
26. Signature (boarding kennel) □
Transportation □
27. Care in Transit Discussed □
Veterinary Care □
28. Isolation Facility □
29. No Signs of Illness/Treated □

Item Number  Explanation of Inadequacy (circled items above) And Recommendation For Compliance  Date Corrections Must Be Completed

Mr. Bass is going to attend class on becoming a Robeson Vaccinator in March with Dr. Williams.

I have investigated this complaint and have found no validity to the complaint.

☑ APPROVED □ DISAPPROVED Date: 2/14/07 Time: 10:00am

Veterinarian: Dr. Lackey Telephone: (910) 739-9411

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2 Rev. 2/05 White= Office Canary= Inspector Pink= Owner