**ANIMAL WELFARE INSPECTION**

**BUSINESS NAME:** Robeson County Animal Shelter

**OWNER:**

**ADDRESS:** 288 Law Hill Rd. St. Paul N.C.

**TELEPHONE:** (910) 876-2299

**COUNTY:** Robeson

**TYPE FACILITY:** Animal Shelter  

**Number of Primary Enclosures:** 108  

**Animals Present:**  
- Dogs: 27  
- Cats: 17

**Inspector:** Mark “X” in box, if adequate. Circle item number, if inadequate. Use NA if not applicable.

**STRUCTURE**

<table>
<thead>
<tr>
<th>Housing Facilities</th>
<th>SANITATION</th>
<th>SPECIAL ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventilation &amp; Temp.</td>
<td>12. Odor</td>
<td>Description of Animals</td>
</tr>
<tr>
<td>Lighting</td>
<td>13. Ceiling, Wall, Floors</td>
<td>Records/Vet Treatment</td>
</tr>
<tr>
<td>Ceiling, Wall, Floors</td>
<td>14. Primary Enclosures</td>
<td>Origin/Disposition</td>
</tr>
<tr>
<td>Storage</td>
<td>15. Equipment &amp; Supplies</td>
<td>Signature (boarding kennel)</td>
</tr>
<tr>
<td>Water Drainage</td>
<td>16. Washrooms, Sinks, Basins</td>
<td>Transportation</td>
</tr>
</tbody>
</table>

**Primary Enclosures**

<table>
<thead>
<tr>
<th>Structure &amp; Repair</th>
<th>19. Adequate Feed/Water</th>
<th>Veterinary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space</td>
<td>20. Food Storage</td>
<td>Isolation Facility</td>
</tr>
<tr>
<td>Ventilation &amp; Temp.</td>
<td>21. Personnel</td>
<td>No Signs of Illness/Treated</td>
</tr>
<tr>
<td>Adequate Shelter</td>
<td>22. Animals’ Appearance</td>
<td></td>
</tr>
</tbody>
</table>

**Explanation of Inadequacy (circled items above) And Recommendation For Compliance**

- #20 Need storage pans for open food. Airtight containers are needed.
- #25 Need hot water for cleaning kennel area.
- Make sure floors are dry before returning cats to cages.
- Cat enclosures with 2 or more cats must have a raised resting surface.
- Plywood under cat pens need to be sealed. To be impervious to moisture.
- Cat enclosures shall have a minimum of one litter pan for every 10 cats.
- Cocks in concrete floors need to be sealed.

**Date Corrections Must Be Completed**

**APPROVED**

**DISAPPROVED**

**Date:** 5/10/06  
**Time:** 9:50 a.m.

**Veterinarian:** Dr. Cockrell  
**Telephone:** ( )

**Inspector’s Signature:** J.E. Elmore

**Owner/Authorized Agent’s Signature:** Jeff Bass