

Type of Inspection

New _____

Annual _____

Follow-Up _____

(Prev. Inspection Date)

Complaint _____

Courtesy _____

Random _____

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR

OUTDOOR

BOTH

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.48862 W: 79.10979

LICENSE #: —

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

BUSINESS NAME: Town of Red Springs Animal Control

OWNER: Town of Red Springs

ADDRESS: 125 Liberty St. Red Springs, NC 28377

TELEPHONE: (910) 843-3454 Mailing Add.: 218 S. Main St.

VMO Hunter

COUNTY Robeson

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

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)

Primary Enclosures

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

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 Holding Site
- 31. No Signs of Illness/Treated

APPROVED ~~CONDITIONALLY APPROVED~~ DISAPPROVED

Date 3/23/10 Time: 10:30 Am

Det. M. Shelton

[Signature]

Inspector's Signature

Owner/Authorized Agent's Signature

