ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.75040 W: 78.90783

LICENSE #: 29
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Robeson County Animal Shelter
OWNER: Robeson Co. Gov.
ADDRESS: 156 RCR 111 Rd., St. Pauls, NC 28384
TELEPHONE: (910) 865-2266
COUNTY: Robeson

Number of Primary Enclosures: 34
Animals Present: Dogs 90
Cats 37

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 ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED

Date: 7/30/20 Time: 4:00 P.M.

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:**

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

**BUSINESS NAME:** 

**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>Inspection began at 15:30 pm - Annual, unannounced</td>
<td></td>
<td></td>
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<tr>
<td>Item to Address:</td>
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<tr>
<td>7) Cat Rooms - Physical between cat cages made the either be changed to a</td>
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<td>thin wire material or covered/sealed in a material that is impermeable to</td>
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<td>moisture.</td>
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<td>8) Space - Cat Rooms - Inadequate space - 4-6 more cats were housed in one</td>
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<tr>
<td>enclosure - Space requirements have been reviewed with staff - advised</td>
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<td>to use elevated resting surfaces.</td>
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<td>9) Temperature - Cat Rooms - As units are broken, temperatures were</td>
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<tr>
<td>above 85°F and no thermometers present. A thermometer was moved from</td>
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<tr>
<td>the main shelter. To determine the cat room temperature, staff advised</td>
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<tr>
<td>service has removed the 2 thermometers. A fan was brought in and</td>
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<tr>
<td>temperature was lowered to 82°F. Correcting air improved the ventilation.</td>
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<td>Manager advised new units have been ordered and should be installed</td>
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<tr>
<td>next week. Advised to keep using the fans.</td>
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<td>13) Flies - Flies in current. Flies need to be kept sealed</td>
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<td>15) Chipped food/water bowls need to be replaced</td>
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<td>17) Redundant droppings were noted in the restroom. Small insects were noted in</td>
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<td>one food storage container. Irons near garbage is needed.</td>
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<tr>
<td>21) Personnel - At 3:30 pm the guinea pig section of the shelter had not</td>
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<tr>
<td>been cleaned for the day. It is evident there are not an adequate</td>
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<tr>
<td>number of personnel to perform the duties of this shelter.</td>
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</tbody>
</table>

[Approval/Conditionally Approved/Disapproved]

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

**Date:** 2/11/10 **Time:** 4:00 pm
<table>
<thead>
<tr>
<th>Item Number</th>
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<tr>
<td>20)</td>
<td>Records - Owner/Agent must obtain the owner's signature and fill contact information.</td>
<td></td>
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<tr>
<td>36)</td>
<td>Isolation Facility - Areas of third and feline isolation need to be identified with signage and areas for public to be escorted while in these areas. Discussion using heart monitor and foot baths for sick in disease control. Public should not be allowed unsupervised in quarantined areas.</td>
<td></td>
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<tr>
<td>31)</td>
<td>Cat #4346 appeared lethargic with thin-haired since 7/16. No veterinary care. Pet Care Dr. Notes 5/3 3/16 (O). This was discussed with the manager.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Shelter is cleaning with bleach and environment friendly dish soap. Advised manager to consult vet for best disinfectant to use for disease control.

Po-Impact in 2 weeks.

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☒ DISAPPROVED

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

Inspection’s Signature  Owner/Authorized Agent’s Signature

Date:  Time:  PM