**ANIMAL WELFARE INSPECTION**

**GPS Coordinates - N: 34.48367 W: 75.10879**

**LICENSE #: 127**

**TYPE FACILITY: Animal Shelter (Private/Public)**

**BUSINESS NAME:** Town of Red Springs Animal Control

**OWNER:** Town of Red Springs

**ADDRESS:** 218 S. Main St, Red Springs, NC 28377

**TELEPHONE:** (910) 843-3454

**VMO** Hunter

**COUNTY** Robeson

**Number of Primary Enclosures** 3

**Animals Present:** Dogs 0, 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

**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 □**

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Inspector’s Signature

Owner/Authorized Agent’s Signature

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AW-2
Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner

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