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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34°79640 W: 78°10783

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: 255 Londfeld Rd, St. Pauls, NC 28384
TELEPHONE: (910) 865-2260
VMO Sholar
COUNTY Robeson

Number of Primary Enclosures 108 Animals Present: Dogs 33 Cats 4

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/Vermi 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: 4.23.08 Time:

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 29
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Kobes Canyon Animal Shelter
OWNER:
ADDRESS: Cont
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></td>
<td>Mr. Albert Lockler, Senior Environmental Health Director, faxed a letter on 4/16/08 to the AWF office stating the following time frames for completing the issues with resting surfaces and cross contamination barriers:</td>
<td></td>
</tr>
<tr>
<td>1-</td>
<td>Raised resting platforms for the remaining 50 pens - 2008-2009 fiscal year.</td>
<td></td>
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<tr>
<td>2-</td>
<td>Cross contamination barriers - 25 pens per year for the next 3 fiscal years.</td>
<td></td>
</tr>
<tr>
<td>3-</td>
<td>15 New pens with b's will be purchased during the 2012-2013 fiscal year to replace the existing guano-tite pens.</td>
<td></td>
</tr>
</tbody>
</table>

To address the above issues, AWF is requiring that every 50 pens be used - leave an empty pen between days and to use the large feed trays/peas for resting surfaces if size appropriate. The chain link shall be kept in safe repair until pens are replaced.

Re-Inspection in 60 days.

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 5/23/08 Time: 3:40 PM

AW-2
Rev. 1/07
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