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°79.040 W: 78°90.783

LICENSE #: 29
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Robeson County Animal Shelter
OWNER: Robeson County
ADDRESS: 255 Landfill Rd, St. Pauls, NC 28384
TELEPHONE: (910) 865-2500
VMO: Scholar
COUNTY: Robeson

Number of Primary Enclosures 108
Animals Present: Dogs 55 Cats 15

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

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 5/5/08 Time: 12:00pm

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: Kobsen County Animal Shelter
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></td>
<td>Today's inspection is to address a Complaint Concerning the housing of mother dogs and pups, the method by which rabies vaccine is administered, the number of times the same needle is used and the age rabies vaccine is administered along the number of runs being utilized. It was noted today a mother Beagle and puppies were being housed in the isolation area. She was provided an airline crate to nestle her pups in. Jeff Bogg demonstrated the methods by which rabies vaccine is administered here. They are in the muscle or subp. The earliest age rabies vaccine is administered is 3 months which is judged by the teeth. We discussed with Jeff Bogg how often new needles are used and he stated a new needle is used on each animal. There are 55 dogs being housed today - no obvious illness was observed. There are 15 cats being housed today - no obvious illness was observed. Shelter was being cleaned when inspection began at 9:30am. The issues with cross contamination on rest room surfaces still stand.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  Date: 5-15-08  Time: 12 noon

Inspectors Signature

Owner/Authorized Agent's Signature

AW-2
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