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° 7' 0.40" W: 78° 7' 7.83"

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 Longhill Rd., St. Pauls, NC 28384
TELEPHONE: (910) 845-2200
VMO ☐
COUNTY: Robeson

Number of Primary Enclosures 108  Animals Present: Dogs 43  Cats 5

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

☐ N/A

TRANSPORTATION

☐ 29. Care in Transit Discussed

VETERINARY CARE

☐ 30. Isolation Facility
☐ 31. No Signs of Illness / Treated

☐ N/A

☑ DISAPPROVED

☑ CONDITIONALLY APPROVED

☑ APPROVED

Date: 10-2-08  Time: 3:15 pm

Inspector’s Signature

Owner / Authorized Agent’s Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 29
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Robeson 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>Follow-up from 8-25-08</td>
<td>Items that have been addressed. 1- Feed Room - No mouse droppings were found today. Room was cleaner although there was mold, spilled feed under the pellets, manger cleaned this during inspection. 2- Veterinary Care - Records show sick animals were put down in a more timely manner than before. 3- Disposition Records - Regulations do not state the intake number must be on the receipt that accompanies each animal that leave the shelter. The shelter has on order a copier so that a copy of the intake form may be made and can go with each animal, for disaster purposes this will aide in tracing an animal back to its origin.</td>
<td></td>
</tr>
</tbody>
</table>

| Items still to be addressed: |
| 1- (6) (7) Cross Contamination issue. Rotation of dogs while housing pens is acceptable until new pens are installed. |
| 2- (7) Wire Patrol - Keep all chain link in safe repair and pay attention to pipes on pens that are damaged - bent, etc. |

Inspection is conditionally approved contingent upon addressing items (6), (7), (7). Re-inspect in 60 days.

☐ APPROVED  ☑ CONDITIONALLY APPROVED  ☐ DISAPPROVED  Date: 10-2-08 Time: 3:15 pm

 Inspector’s Signature: _______________  Owner/Authorized Agent’s Signature: _______________

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

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