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° 44' 52" W: 78° 28' 87"

LICENSE #: 3481
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME:   Simpson Co. Animal Shelter
OWNER: Simpson Co. Gov.
ADDRESS: 148 Agricultural Place, Clinton, NC 28328
TELEPHONE: (910) 592-8493
VMO □
COUNTY Simpson

Number of Primary Enclosures 150AI Animals Present: Dogs 41 Cats 7

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

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 □

HUSBANDRY
24. Records/Vet Treatment □
25. Origin/Disposition □
26. Signature (boarding kennel) □
27. Written permission from owner for commingling (doggie daycare) □

TRANSPORTATION
28. Care in Transit Discussed □

VETERINARY CARE
28. Isolation Facility □
29. No Signs of Illness/Treated □

□ APPROVED □ DISAPPROVED

Date: 1-17-08 Time: 3:45 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

<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 12.11.07.</td>
<td>7. Cross contamination issue has not been addressed because a workable solution has not been found. A test area in the kennel will be set up to determine what will work.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>3. Lighting - Cat Room - blinds should be left open or lights on during the day.</td>
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<tr>
<td>9.</td>
<td>12. Odors are strong in kennel area due to cleaning not being complete at 3:30 in the afternoon because drains would not flow. Suggested scooping and bagging feces when drains is a problem.</td>
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<tr>
<td>11.</td>
<td>14. Enclosures in quarantine area need more detailed cleaning - appear they have not been thoroughly cleaned for several days.</td>
<td></td>
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<tr>
<td>12.</td>
<td>25. Records of origin - must record complete name and address and phone number - must be able to trace animal to origin as much as possible.</td>
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<tr>
<td>13.</td>
<td>Concerns about time spent dogs are being fed and proper feed - size and age of dog.</td>
<td></td>
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<tr>
<td>14.</td>
<td>15. No hot water is available in the dog area for cleaning food - water pans - sink in cat room is okay to use. Pans on to be cleaned daily.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Discussed concerns about number of animals put in euthanasic chamber at one time. Also clean up around chamber.</td>
<td></td>
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<td>17.</td>
<td>Re-Inspect in 30 days.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED ☑ DISAPPROVED  
Date: 1.17.08  Time: 3:45 pm

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

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

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