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: 34.94452 W: 78.28870

LICENSE #: 81
TYPE FACILITY: Animal Shelter (Private/Public) ❑ Boarding Kennel ❑ Pet Shop ❑ Public Auction ❑
BUSINESS NAME: Sampson Co. Animal Control Pet Adoption
OWNER: Sampson Co. Gov
ADDRESS: 168 Agriculture Place, Clinton, NC 28328
TELEPHONE: (910) 592 - 8493
VMO: Shiba
COUNTY: Sampson

Number of Primary Enclosures: 15
Animals Present: Dogs 53 Cats 14

Inspector: Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable

STRUCTURE
Housing Facilities

Primary Enclosures

SANITATION

HUSBANDRY

SPECIAL ITEMS

HUSBANDRY
29. Care in Transit Discussed ❑

Transportation
Veterinary Care
30. Isolation Facility ❑ 31. No Signs of Illness/ Treated ❑

APPROVED ❑ CONDITIONALLY APPROVED ❑ DISAPPROVED ❑

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

Date: 1/7/09 Time: 12:00

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 81
TYPE FACILITY: Animal Shelter (Private) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Sampson Co. Animal Control Pet Adoption
OWNER: [Signature]
ADDRESS: [Address]
TELEPHONE: [Number]

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comments,</td>
</tr>
<tr>
<td></td>
<td>Temperature in K-9 area was 65° and 75° in the cat room at 10:30 AM.</td>
</tr>
<tr>
<td></td>
<td>There were Court Case dogs on medication which was being logged incorrectly. No visible signs of illness were noted.</td>
</tr>
<tr>
<td></td>
<td>There were some odors in the K-9 area — cleaning was in progress and atrium had not been cleaned out for the morning cleaning. Shutter still has to pump the static tanks once a week to prevent feces from back up inside the shelter.</td>
</tr>
<tr>
<td></td>
<td>Advised staff to pay attention to getting the complete physical address — contact information — on all intake and adopted animals. This is vital information in case a true back is necessary.</td>
</tr>
</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED  Date: 1-7-09 Time: 12:00

Inspector’s Signature: [Signature]
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