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° 7.60 74 W: 79° 48.9 65

LICENSE #: 32
TYPE FACILITY: Animal Shelter (Private/Public) [ ] Boarding Kennel [ ] Pet Shop [ ] Public Auction [ ]
BUSINESS NAME: Asher Animal Shelter / Scotland Co., Humane Society
OWNER: Scotland Co., Humane Society
ADDRESS: 1401 West Blvd., Laurinburg, NC 28352
TELEPHONE: (910) 274-9271
VMO [ ] COUNTY [ ]

Number of Primary Enclosures 45  Animals Present: Dogs 50  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  X CONDITIONALLY APPROVED  □ DISAPPROVED

Date: 8.23.08  Time: 12:00 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 #: 32**

**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

**BUSINESS NAME:** Asher Animal Shelter Scotland Co. H.S.

**OWNER:**

**ADDRESS:**

**TELEPHONE:**

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<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 9-18-08 (30 day fol-up)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Items that have been addressed:
  1. Lighting - All burned out non-working lights have been fixed. One set of lights in the treatment room will not turn on but according to the manager they also have been addressed. Manager will look into why the one set does not burn.
  2. The damaged plastic food receptacles have been replaced w/ stainless steel.
  3. The area behind the un-used outdoor pens has been cleaned up.
  4. The strength of the medication is now on the medical log.

- Items still to be addressed:
  1. Storage Building Door - Manager has a carpenter hired and should have a new door frame in the next 30 days.
  2. Treatment Room - Today plumber is on site working to install the plumbing for the new stainless steel standing sink. The old water damaged cabinet has been removed. Tub in treatment room - damaged wood is still to be addressed.

**Comments:** Shelter - all areas - is clean and odor free today. Temperature is 62° at 11:00 AM in indoor Kennel area. Advised manager to pay close attention to pipes on Kennel doors that have some rust showing. Painting has been discussed.

Today's inspection is Conditionally Approved. Continue upon having items (1) fully addressed.

**Re-Inspect in 30 days**

- APPROVED  □ CONDITIONALLY APPROVED   □ DISAPPROVED  Date: 09-28-08  Time: 12:00 PM

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**Inspector’s Signature:**

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

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**AW-2**

**Rev.: 1/07**

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