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: 35° 38' 32.6" W: 76° 23' 6.57"

LICENSE #: 129
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Tyrrell Co Animal Shelter
OWNER: Tyrrell Co Government
ADDRESS: 248 South Road, Columbia NC 27925
TELEPHONE: (352) 396-1371 Outdoor Facility
VMO Hunter
COUNTY Tyrrell

Number of Primary Enclosures 10 Animals Present: Dogs 0 Cats 0

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

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

SPECIAL ITEMS

Records
☑ 24. Description of Animals
☑ 25. Records/Vct Treatment
☑ 26. Origin/Disposition
☑ 27. Signature (boarding kennel)
☑ 28. Written permission from owner for commingling (doggie daycare)

Transportation
☑ 29. Care in Transit Discussed

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

APPROVED ☒ DISAPPROVED Date: 7/26/10 Time: 10:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 129**

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

**BUSINESS NAME:** Tyrrell 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>This is a new outdoor facility. The shelter can be issued a license if the required paperwork has been submitted.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** [x]  **CONDITIONALLY APPROVED** [ ]  **DISAPPROVED** [ ]  **Date:** 7/26/15  **Time:** 10:00

**Inspector’s Signature:**

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

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

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