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: 35.79167 W: 78.57217

LICENSE #: 57

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

BUSINESS NAME: Wake Co Animal Shelter

OWNER: Wake Co Government

ADDRESS: 820 Reaown Rd, Raleigh, NC 27610

TELEPHONE: (919) 250-4454

VMO Hunter

COUNTY Wake

Number of Primary Enclosures: 215 Animals Present: Dogs 149 Cats 145

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/Vet 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: 5/9/11 Time: 12:50p

Inspector's Signature

Owner/Authorized Agent's Signature

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

PAGE 1 OF
Animal Welfare Inspection Continuation Page

License #: 57
Type Facility: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
Business Name: Wake Co 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>The shelter has experienced some cases of distemper and parvo.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The shelter has an SOP in place to address distemper and parvo.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The shelter has established &quot;Zones&quot; to enable the shelter staff to observe for any outbreaks. The shelter is utilizing &quot;green&quot; for safe areas and &quot;red&quot; for any animals that could be sick.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The shelter has established separate rooms for intake.</td>
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<tr>
<td></td>
<td>There have been only 4 cases of distemper diagnosed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The shelter staff are following the recommendation of the shelter's veterinarian, Dr. Brenda Stevens.</td>
<td></td>
</tr>
</tbody>
</table>

I performed an inspection and found the shelter to be in compliance of the Animal Welfare Act.

☑ APPROVED ☐ DISAPPROVED  Date: 5/9/11  Time: 12:30 PM

Inspector's Signature

Owner/Authorized Agent's Signature

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

PAGE 1 OF 7