ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.79147  W: 78.57210

LICENSE #: 57
TYPE FACILITY: Animal Shelter (Private) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Wake Co. Animal Care and Control
OWNER: Wake Co. Government
ADDRESS: 820 Rea Lake Rd, Raleigh, NC 27610
TELEPHONE: (919) 250-4974
VMO: Hunter
COUNTY: Wake

Number of Primary Enclosures 148-box 102-cat
Animals Present: Dogs 120  Cats 60

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
☐ 9. Ventilation & Temp. 80°
☐ 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

HUSBANDRHY
☐ 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 ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 02/18/2021 Time: 12:06p

Inspector's Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**LICENSE #: 57**

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

**BUSINESS NAME:** Wake Co. Animal Care and Control

**OWNER:**

**ADDRESS:** 870 Beaver Lake Rd, Raleigh, NC.

**TELEPHONE:** (919) 250 - 4474

<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>Note: Need to remove carpeted resting surfaces in the cat indoor area.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Everything else is within compliance.</td>
<td></td>
</tr>
</tbody>
</table>

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**APPROVED** □ CONDITIONALLY APPROVED □ DISAPPROVED  

**Date:** 1/26/16  
**Time:** 12:09 P.M.

**Inspector’s Signature:** [Signature]

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

**White= Office**  
**Canary= Inspector**  
**Pink= Owner**  

**PAGE 2 OF 2**