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: 36.39.49E W: 78.13.52

LICENSE #: 95

LICENSE #: 95

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

BUSINESS NAME: Warren Co. Ark Shelter

OWNER: Warren Co. Government

ADDRESS: 142 Raiford Ln Warren, NC 27589

TELEPHONE: (252) 357-6187

VMO □

COUNTY Warren

Number of Primary Enclosures: 23
Animals Present: Dogs 5 Cats 1

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

TRANSPORTATION

☑ 28. Care in Transit Discussed

VETERINARY CARE

☑ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

☑ APPROVED ☐ DISAPPROVED

Date: 8/16/07 Time: 10:15 A.M.

Inspector’s Signature: Dail L. Wells

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 #: 95
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Warren Co. Aviary Shelter
OWNER: Warren Co. Government
ADDRESS: 117 Rafted Ln, Warrington NC 27589
TELEPHONE: (252) 257-6187

<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>I performed an inspection today. I was here to inquire about cats and dogs being given immunizations. I talked to Gary Wells, the shelter manager. I asked Gary Wells if the shelter immunizes animals. Mr. Wells advised that the shelter immunizes all puppies that come into shelter. Mr. Wells advised that &quot;Cats&quot; purchased the medicine and that the county did not purchase the medicine. The county was not aware of this practice. The county manager has advised Mr. Wells to incorporate in the new SOP being developed that shelter employees will be able to administer immunizations to puppies. The county will not purchase this medicine, however the county has no objection if the medication is donated. The county does want this put in the SOP. I have attached a copy of a medication sheet administered to a puppy. Note: There was a question brought to my attention that back in March 2007 a puppy was transported to Dr. O'Malley by an animal control officer. The puppy had been sold to a man by the shelter. The puppy was euthanized. I have attached a copy of the impoundment form and Dr. O'Malley has a contract to euthanize animals for Warren County. Mr. Wells asked a question. It seems they had some puppies housed together that were playing and had not eaten. put two of them. A volunteer came to the shelter and gave the puppies water. There was a table put out in the concrete outside. They were placed back inside the table. The table was removed and the concrete was cleaned and sanitized. I advised Mr. Wells I had no concerns unless the puppies health were jeopardized.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPROVED ☒ DISAPPROVED ☐ Date: 8/16/07 Time: 11:00 AM

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

AW-2
Rev. 1/07
White= Office
Canary= Inspector
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PAGE ___ OF ___
# Medical History Report

## Animal Details
- **ID:** A02885388
- **Name:** Mika
- **Sex:** Male
- **Age:** 0 y 1 m 19 d
- **Color:** Black, Large
- **Coat Type:** Short Smooth Coat
- **Alteration:** Previously Altered: No, Currently Altered: No
- **Declaw:** None
- **Bite:** No Bite History

## Exam Details
- **Exam ID:** EX2116350
- **Exam Date:** 8/6/2007 1:30:07 PM
- **Entered By:** gail
- **Performed By:** Gail Wells
- **Weight:** 0
- **Body Temperature:** 0
- **Medical Status:**
- **Temperament Condition:**

## Vaccine
- **Vaccine:** DHLPP
- **Lot Number:** 212281B
- **Expiration Date:** 08/30/2007 12:00:00 AM
- **Pet ID Number:** 00000000
- **Route:** Subcutaneous

## Medication
- **Medication:** Pyrantel Pamoate
- **Dose:** 1.50 cc
- **Frequency:** 0
- **Duration:** 0 Days
- **Review Date:**

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