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° 37' 49.2" W: 78° 13' 55.2"

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 Senators Ln Warrenton NC 27589
TELEPHONE: (919) 257-6157
VMO: Hunter
COUNTY: Warren

Number of Primary Enclosures 25-day
Animals Present: Dogs 20 Cats 20

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 conningling
   (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
☐ CONDITIONALLY APPROVED
☐ DISAPPROVED

Date: 5/8/19 Time: 12:05 P.M.

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

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

PAGE 1 OF 2
LICENSE #: 95
TYPE FACILITY: Animal Shelter (Private) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Warren Co Ark
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>I performed an inspection today. There was a complaint that a puppy being housed that was constantly barking. The complaint was the puppy was administered some controlled substances to control the barking. The shelter director advised that on 4/14/10 a shepard mix puppy was impounded. The director advised the puppy was acting hysterical. The puppy was administered .5 of acepromazine. The drug acepromazine is not a controlled substance. I obtained a copy of the impoundment card which has the information of the acepromazine being administered. The puppy was given to Rainbow Rescue. I performed a random inspection and found no inadequacies. The records I checked were correct.</td>
<td></td>
</tr>
</tbody>
</table>

☑️ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 5/8/10 Time: 12:04 PM

Inspector’s Signature

Owner/Authorized Agent’s Signature
DATE: 4-14-10  TIME: 2030  ID: ED 10- 3340

☑ DOG ☐ CAT ☐ OTHER: 

☐ FEMALE  ☑ MALE  ☐ NEUTERED  APPROX. AGE: 3 to 5 months

OTHER INFORMATION: 

DESCRIPTION:

BREED: Shepherd mix

COLORS: Brown/Blk mask

WEIGHT: 18 lb

CHIP: No: ______________ OTHER: 

☑ STRAY LOCATION: Sheriff's Office  GRID: E-2

☐ SURRENDER SIGNED REASONING:

☐ AVAILABLE FOR ADOPTION ☑ A ☐ R ☐ E ☐ D DATE: 4-20-2010

RELEASED TO:  Name  Address 

OBSERVATIONS/NOTES:

DATE: 4/15

wormed 2mths - no chip

Hypertrophic Zung'd 1/30
WARREN COUNTY ANIMAL CONTROL
ANIMAL ARK
ANIMAL IMPOUND

DATE: 4-14-10  TIME: 2030  ID: ED.10.534D

☑ DOG  ☐ CAT  ☐ OTHER: ________________________________

☐ FEMALE  ☑ MALE  ☐ NEUTERED  APPROX. AGE: 3 to 5 months

OTHER INFORMATION: ____________________________________________

DESCRIPTION:

BREED: Shepard mix  COLORS: Brown/Bk mask

COAT: ☐ S  ☑ M  ☐ L  WEIGHT: 16#

COLLAR: no  TAG: no  CHIP: ☐ No:______________  OTHER: ________________

☑ STRAY  LOCATION: Sheriff's Office  GRID: E-3

☐ SURRENDER SIGNED

REASONING:

☐ AVAILABLE FOR ADOPTION  ☑ A  ☐ R  ☐ E  ☐ D  DATE: 4/19/2010

RELEASED TO: Lyndie Mowin  (Rank) Rescue  252-213-7586

Name  Address

OBSERVATIONS/NOTES:

DATE: ________________

Hysteria

wormed PP and IM's - no chip