ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 9' 18.3" W: 76° 6' 49.8"

LICENSE #: __________
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Washington County Animal Control
OWNER: Washington County
ADDRESS: 1030 Mail Service Center, Raleigh, NC 27699-1030
TELEPHONE: (919) 715-7111, FAX: (919) 733-6431
VMO: Hunter
COUNTY: Washington

Number of Primary Enclosures 8
Animals Present: Dogs 11 Cats 0

Inspector: Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable

STRUCTURE

- Housing Facilities
  - Structure & Repair ☐
  - Ventilation & Temp. ☐
  - Lighting ☐
  - Ceiling, Wall, Floors ☐
  - Storage ☐
  - Water Drainage ☐

- Primary Enclosures
  - Structure & Repair ☐
  - Space ☐
  - Ventilation & Temp. ☐
  - Adequate Shelter ☐

SANITATION

- Waste Disposal ☐
- Odor ☐
- Ceiling, Wall, Floors ☐
- Primary Enclosures ☐
- Equipment & Supplies ☐
- Washrooms, Sinks, Basins ☐
- Insect/Vermin Control ☐
- Building & Grounds ☐

HUSBANDRY

- Adequate Feed/Water ☐
- Food Storage ☐
- Personnel ☐
- Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area ☐
- Animals’ Appearance ☐

SPECIAL ITEMS

- Records
  - Description of Animals ☐
  - Records/Vet Treatment ☐
  - Origin/Disposition ☐
  - Signature (boarding kennel) ☐
  - Written permission from owner for commingling (doggie daycare) ☐

- Transportation
  - Care in Transit Discussed ☐

- Veterinary Care
  - Isolation Facility ☐
  - No Signs of Illness/Treated ☐

- A23. Animals’ Appearance

☐ APPROVED ☐ DISAPPROVED

Date: 3/5/07 Time: 10:10 a.m.

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 #:**
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Washington County Animal Control
**OWNER:** Washington County
**ADDRESS:** PO Box 1007 Landfill Rd Plymouth NC 27962
**TELEPHONE:** 952-283-2427

<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 a County Inspection on 3/5/07. The shelter is located at The Landfill. The shelter has a shingled roof. Blue tarps surround the outside. There is a plastic fence. Inside there are dog cages. The cages have concrete flooring. There are wooden doors on the back and there were 11 dogs at the shelter. The dogs looked healthy. The dogs had food and water. The following issues need addressing. Number 1-7. Need to fix and add more lighting. Need to replace some tarps. Need to store food in containers. The roof has no ceiling. Number 7-10. Chain-link fencing needs repair. Need to install a temporary fence. Need to clean and saw the food and water bowls. Number 11-12. The ground on the outside needs grass or gravel. I observed some evidence of insects and rodents. Number 12. Need to have containers to store food. The County is in the process of updating their program. This facility needs work to bring into compliance.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Wood dog houses have to be removed.  
2. Install fans and heat to regulate the temp.  
3. Need thermostat.  
4. Need to repair or replace tarps.  
5. Plastic containers for food storage.  
6. Need to replace food and water bowls. Need to be able to store.  
7. Install better lighting in Kennel area and outside lighting needs to be installed.  
8. Need to repair the fencing on some cages.  
9. Need to improve outside grounds. The area - grass or 6 inches gravel.  
10. Need to control insects and rodents.  

I need a timetable when some of these issues will be addressed.  

C/O has a wooden door. Need to install C/O monitor.  

☐ APPROVED  ☐ DISAPPROVED  Date: 3/5/07  Time: 10:10  

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

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

PAGE 7 OF