NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ENTERED
12.12.08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.39703  W: 77.97847

LICENSE #: 78
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME: Wayne County Adoption & Education Center
OWNER: Wayne Co. Gor
ADDRESS: 1600 Clingman St., P.O. Box 227, Goldsboro, NC 27533-0227
TELEPHONE: (919) 731-1439
VMO  St@r
COUNTY Wayne

Number of Primary Enclosures  162  Animals Present: Dogs 71  Cats 13

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 □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

Date: 12-11-08 Time: 3:30pm
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 #: 78**
**TYPE FACILITY: Animal Shelter (Private Public) [ ] Boarding Kennel [X] Pet Shop [ ] Public Auction [ ]**
**BUSINESS NAME: Wayne Co. Adoption & Education Center**
**OWNER:**
**ADDRESS:**
**TELEPHONE:** ( ) ___-____ [Cont.]

<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>
</table>

**Comments:**

From 8-11-08 inspection - A truck wash area has been set up. The medical log is now being maintained in a more detailed manner. The shelter is being used now at maximum capacity due mainly to the protective custody cases.

Today the shelter is odor free, clean, no visible signs of illness noted.

Suggest placing straw bags of food on pallets so bags are not directly on the concrete floor.

All areas are in shelter are within 50°-85° temperature range.

**[X] APPROVED [ ] CONDITIONALLY APPROVED [ ] DISAPPROVED**  
**Date/Time:** 2/11/08, 3:04 p.m.

**Inspector's Signature:** [Signature]

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

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