

INDOOR	<input type="checkbox"/>
OUTDOOR	<input checked="" type="checkbox"/>
BOTH	<input type="checkbox"/>

Type of Inspection

New

Annual

Follow-Up _____
 (Prev. Inspection Date)

Complaint

Courtesy

Random

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: W:

QBSP Number - - - - -

BUSINESS NAME: Bertie County Animal Shelter LICENSE #: 8

OWNER: Bertie County

ADDRESS: 219 County Farm Rd Windsor N.C. 252-794-5330

TELEPHONE: (252) 794-5340 VMO _____ COUNTY Bertie

TYPE FACILITY: Animal Shelter Boarding Kennel Dealer Pet Shop Public Auction

Number of Primary Enclosures 10 Animals Present: Dogs 11 Cats 0

724-1674

Inspector: Mark "X" in box, if adequate. Circle 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.
 - 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. Animals' Appearance

SPECIAL ITEMS

- Records
- 23. Description of Animals
 - 24. Records/Vet Treatment
 - 25. Origin/Disposition
 - 26. Signature (boarding kennel)
- Transportation
- 27. Care in Transit Discussed
- Veterinary Care
- 28. Isolation Facility
 - 29. No Signs of Illness/Treated

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	<p>10 PENS TOTAL. NOT MUCH SHELTERING OUTSIDE COVER ON THE BACK OF PENS. DOGS DO HAVE PLASTIC DOG HOUSES. NO PERIMETER FENCE. STAINLESS STEEL FOOD & WATER BUCKETS NOT HOT WATER. CLEAN WITH WATER HOSE. WATER DROPS FROM THE SHELTER TO THE WOODS NO SEWAGE. LOCATED BEHIND SCHOOL BUSES. CATS KEPT IN WOODEN BUDLIG CAGES OK LETAL INJECTION PERFORMED IN SHELTER</p>	

APPROVED DISAPPROVED Date: 6/26/06 Time: 8:30 AM

Veterinarian: Dr. Shelton Telephone: () - _____

Inspector's Signature

Owner/Authorized Agent's Signature