Type of Inspection
New ☐
Annual ☐
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐
Courtesy ☐
Random ☑

NCDA&C, VETERINARY DIVISION
1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030
PHONE: 919/733-7601, FAX: 919/733-2277

INDOOR ☐
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.79040 W: 78.90783

QBSP Number – ☐☐ - ☐☐☐ - ☐☐ - ☐☐ - ☐

BUSINESS NAME: Robeson County Animal Shelter LICENSE #: 29 JB

OWNER: Robeson County

ADDRESS: 255 Landfill Rd St. Pauls NC 28358

TELEPHONE: (910) 865 - 2200 VMO _____ COUNTY Robeson

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

Number of Primary Enclosures 108 Animals Present: Dogs 33 Cats 5

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
	On 2/14/06, I visited the Robeson County Animal Shelter reference a written complaint filed by the Humane Society of Eastern North Carolina. There were items listed in the letter addressing problems at the shelter. 1. Failure to provide veterinary medical care. Sick and injured animals are provided with medical care. (example A Beagle was impounded on 2/12/07, with one of it's eyes popped-out. The dog was euthanized on the 12th. If the trained euthanized employee is off, then the animal is transported to Dr. Locklear. The letter indicated that Jerry Brett performs euthanize. This is not correct, only one employee is certified to euthanize is Robert LaRue. #2 I arrived at the shelter at 8:30am. I walked through kennel area and observed kennels on the right that were of need of cleaning. The pens were empty because the dogs were in clean pens. The dogs had food and water. The dogs are	

☒ APPROVED ☐ DISAPPROVED Date: 2/14/07 Time: 10:00 am

Veterinarian: _____ Telephone: (910) 739 - 9411

J. E. Bass — Inspector's Signature

Jeff Bass — Owner/Authorized Agent's Signature

AW-2
Rev. 2/05 White= Office Canary= Inspector Pink= Owner

Cont Page 2

Type of Inspection
New ☐
Annual ☐
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(Prev. Inspection Date)
Complaint ☐
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Random ☒

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INDOOR ☒
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.79040 W: 78.90783

QBSP Number – ___ – ___ – ___ – ___ – ___

BUSINESS NAME: Robeson County Animal Shelter LICENSE #: _____

OWNER: Robeson County

ADDRESS: 255 Landfill Rd St. Paul NC 28358

TELEPHONE: (910) 865-2200 VMO _____ COUNTY Robeson

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

Number of Primary Enclosures 108 Animals Present: Dogs 33 Cats 5

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STRUCTURE

Housing Facilities

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- ☒ 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
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- ☒ 18. Building & Grounds

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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Moved. (Pictures Were Taken). Item #3 I observed No Puppies in cages being Trapped or Strangling. The Cages are Structurally Sound and Maintained. The cat kennels were Structurally Sound and Maintained. Item #4 Failure To Provide Proper Nourishment. The Shelter utilizes both Soft and dry Food For The Animals. #5 Inhumane Animal handling. I observed No inhumane handling And All dogs look healthy. I also observed a mother dog and Puppies in a Pen. The mother dog was in a resting Box and looked comfortable And not under Stress. The Shelter was Not Aware of me visiting And When I Walked into The Shelter everything looked good. In reference To Item #6 I observed No violations. Item #7 Refusal To Accept Training. All employees are Trained and Certified. (Made copies of Training And licenses. Mr. Bass is currently in Training for euthanizia with Dr. Locklear.	

☒ APPROVED ☐ DISAPPROVED Date: 2/14/07 Time: 10:00 am

Veterinarian: Dr. Locklear Telephone: (910) 739-9411

J.C. Bass
Inspector's Signature

Jeff Bass
Owner/Authorized Agent's Signature

AW-2
Rev. 2/05

White= Office Canary= Inspector Pink= Owner

Con't Page 3

Type of Inspection
New ☐
Annual ☐
Follow-Up _____
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Random ☒

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Housing Facilities
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Primary Enclosures
☒ 7. Structure & Repair
☒ 8. Space
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☒ 27. Care in Transit Discussed

Veterinary Care
☒ 28. Isolation Facility
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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Mr. Bass is going to attend class on becoming a rabies vaccinater in March with Dr. Williams.	
	I have investigated this complaint and have found no validity to the complaint.	

☒ APPROVED ☐ DISAPPROVED Date: 2/14/07 Time: 10:00am

Veterinarian: Dr. Lockleear Telephone: (910) 739 - 9411

J. E. B[illegible] — Inspector's Signature

Jeff Bass — Owner/Authorized Agent's Signature

AW-2
Rev. 2/05 White= Office Canary= Inspector Pink= Owner