Type of Inspection
New ☐ _____
Annual ☐ _____
X Follow-Up 12-10-09
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

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

INDOOR ☐
OUTDOOR ☐
BOTH X

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.11182 **W:** 79.41396

LICENSE #: 10352
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** X **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Paws & Claws
OWNER: Julie Smith
ADDRESS: 1357 Apple St. Ext Burlington NC 27214
TELEPHONE: (336) 222-0974
VMO Hunter
COUNTY Alamance

Number of Primary Enclosures 40 **Animals Present: Dogs** 0 **Cats** 0

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
☐ 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. 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~~ Date: 3/3/10 Time: _____

Inspector's Signature **Owner/Authorized Agent's Signature**

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	- No one available @ time of inspection.	
	- ~~Do~~ No noise heard from inside.	
	- No Dogs available for viewing in outside kennels.	

☐ ~~APPROVED~~ ☐ ~~CONDITIONALLY APPROVED~~ ☐ ~~DISAPPROVED~~ Date: 3/3/10 Time: 10:33am

E. [illegible]
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner