

**Type of Inspection**  
 New   
 Annual   
 Follow-Up   
 (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

**ANIMAL WELFARE INSPECTION**

GPS Coordinates - N:  W:

LICENSE #: 10385  
 TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction   
 BUSINESS NAME: Pawprint Grooming  
 OWNER: \_\_\_\_\_  
 ADDRESS: P.O. Box 87 Glendale Springs  
 TELEPHONE: (336) 982-2695  
 VMO Hunter  
 COUNTY Ashe

Number of Primary Enclosures 10 Animals Present: Dogs \_\_\_\_\_ Cats \_\_\_\_\_

*No one available*  
 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  DISAPPROVED Date: Feb 2, 2011 Time: 11:30

*Shelley Swan*  
 Inspector's Signature

Owner/Authorized Agent's Signature