

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 #: 10405
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Little Horse Creek Farm
 OWNER: _____
 ADDRESS: 246 Lee Osborne Rd. Hanesing
 TELEPHONE: (336) 384-4399
 VMO Hunter
 COUNTY Ashe

Number of Primary Enclosures _____ Animals Present: Dogs 2 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: 3/15/10 Time: 10:00

Shelley Swain
 Inspector's Signature

[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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TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction

BUSINESS NAME: Little Horse Creek Farm

OWNER: _____

ADDRESS: Cont

TELEPHONE: () - -

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
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①	Dog houses have become damaged from dogs chewing making sanitation difficult - Replace as needed	
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APPROVED DISAPPROVED Date: March 15, 2010 Time: 10:00

Shelley Sewan
Inspector's Signature

JL A Q
Owner/Authorized Agent's Signature

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