Type of Inspection
New □ _____
Annual □ _____
Follow-Up 3-2-2011
(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: 36.36839 **W:** 81.44130

LICENSE #: 10611
TYPE FACILITY: Animal Shelter (Private/Public) □ **Boarding Kennel** ☒ **Pet Shop** □ **Public Auction** □
BUSINESS NAME: Wardanaer Kennel
OWNER: Lisa Jones
ADDRESS: 3941 NC Hwy 16 Jefferson
TELEPHONE: (336) 877-5379
VMO Hunter
COUNTY Ashe

Number of Primary Enclosures 10 **Animals Present: Dogs** 5 **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** □ **DISAPPROVED** Date: April 19, 2011 Time: 13:00

Shelley J Swann
Inspector's Signature

Lisa Jones
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Wardancer Kennels
OWNER: _____
ADDRESS: Cook
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(7)	Replace damaged chainlink on 1st enclosure door	
(24)	Add description of animal to origin records	
	No other inadequacies. Facility was very clean.	

☒ **APPROVED** ☐ **DISAPPROVED** Date: April 19, 2011 Time: 13:00

Sherry J. Swain
Inspector's Signature

Lisa Jones
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner