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

NCDA&CS, VETERINARY DIVISION
P. O. BOX 26026, RALEIGH, NC 27611
Phone: 919/733-7601, Fax: 919/733-2277

INDOOR ☒
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.53136 **W:** 76.98806
QBSP Number – ☐☐ - ☐☐☐ - ☐☐ - ☐☐ - ☐

BUSINESS NAME: Critter Cuts **LICENSE#:** 10445
OWNER: Ms. Nelda Alligood
ADDRESS: 575 S. Asbury Church Rd Washington NC 27889
TELEPHONE: (____)____-_____ **VMO** _____ **COUNTY** _____
TYPE FACILITY: Animal Shelter ☐ Boarding Kennel ☒ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures 24 Dog 2-Cat **Animals Present:** Dogs _____ Cats _____

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
	Issues Addressed on 3/6/07 have been Corrected with The exception of Still Needing To Put gravel in Play Area. The other issue is Putting rubber molding in Pen #11. Everything else looks good.	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 8/15/07 Time: 10:00am

Veterinarian: _____ Telephone: (____)____-_____

J. E. B. [signature] Sara Cap [signature]
Inspector's Signature **Owner/Authorized Agent's Signature**

AW-2
Rev. 7/01 White= Office Canary= Inspector Pink= Owner