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: 35.70888 **W:** 81.62891

LICENSE #: 10056
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Animal INN
OWNER: Sharon King + Janine Gnizak
ADDRESS: 3723 Laurel Heights Dr. Morganton N.C. 28655
TELEPHONE: (828) 437-5777
VMO Hunter / Stamey
COUNTY Burke

Number of Primary Enclosures 50 **Animals Present: Dogs** 4 **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
- NA 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- ☒ 23. Animals' Appearance

SPECIAL ITEMS

Records
- ☒ 23. Description of Animals
- ☐ 24. Records/Vet Treatment
- ☒ 25. Origin/Disposition
- ☒ 26. Signature (boarding kennel)
- NA 27. Written permission from owner for commingling (doggie daycare)

Transportation
- ☒ 28. Care in Transit Discussed

Veterinary Care
- ☐ 28. Isolation Facility
- ☒ 29. No Signs of Illness/ Treated

☒ **APPROVED** ☐ **DISAPPROVED** Date: 11/28/07 Time: 9:00 Am

Inspector's Signature: Gary Stamey

Owner/Authorized Agent's Signature: Sharon R. King

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 10056
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Animal INN
OWNER:
ADDRESS: 3723 Laurel Heights Dr
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	The Entire Family needs Repair on Floor, Walls, Ceiling cracks in walls & Floors	
	Ceiling needs painting wall in Kennels need painting.	
	Pet Door need Repair or Replaced.	
	Left Hand side of Kennel need Attent. on waste Disposal	
	play Areas need to be cleaned of Debre. And 6" of gravel in Areas with bare Dirt	
	All Food that is brought by owners or Supp. needs to be in sealed contains.	
	Isolation Room needs to be created. Away from other Animals.	
	Treatment Sheets for All Animals need to have Name, Date, Dosage who gave meds And Time of Dosage was given (Exact)	
	CAT Room - Make sure cages Are Away from wall or use Shower Board.	
	I will be back in 30 days	
	Gary Stamey 919-830-1712	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 11/28/07 Time: 9:00am

Gary Stamey
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner