Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 5/27/08
(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 ☒

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.30111 **W:** 80.60173

LICENSE #: 10147
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: WYOLINA KENNELS
OWNER:
ADDRESS: 1621 PEMBROOK RD HARRISBURG
TELEPHONE: (704) 455-5500
VMO HUNTER
COUNTY CABARRUS

Number of Primary Enclosures 47 **Animals Present: Dogs** 22 **Cats** _____

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. ~~☐~~ N/A 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. ~~☐~~ N/A 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: 6/25/08 Time: 0914

Inspector's Signature **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07 White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE SECTION,
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: WYOLINA KENNELS
OWNER: _____
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	INSULATION AND CEILING HAVE BEEN TEMP REPAIRED - WAITING FOR CONTRACTOR AND COOLER WEATHER	
	FOOD NEEDS TO BE STORED IN SEALED CONTAINERS	
	WILL RESEAL KENNELS BY OCT 1, 2008	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 6/25/8 Time: 0914

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner