

**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: 35.25633 W: 80.36528

LICENSE #: 10306

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

BUSINESS NAME: SunnyBrooke Kennels

OWNER: \_\_\_\_\_

ADDRESS: 825 Florence St N.W. Concord

TELEPHONE: (770) 788-8800

VMO: Hunter

COUNTY: Cabarrus

Number of Primary Enclosures 120 Animals Present: Dogs 19 Cats 5

**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: 1/17/09 Time: 13:11  
Sherry Swain Inspector's Signature Cari R. Olsen Owner/Authorized Agent's Signature

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

**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: 35.25633 W: 80.36528

LICENSE #: 10306  
 TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction   
 BUSINESS NAME: SunnyBrooks Kennels  
 OWNER: \_\_\_\_\_  
 ADDRESS: 825 Florence St N.W. Concord  
 TELEPHONE: (770) 788-8800  
 VMO: Hunter  
 COUNTY: Cabarrus

Number of Primary Enclosures 120 Animals Present: Dogs 19 Cats 5

**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: 1/17/09 Time: 13:11

Sherry Swain  
 Inspector's Signature

Cari R. Olsen  
 Owner/Authorized Agent's Signature

