

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: 35.74685 W: 81.33367

LICENSE #: 10758

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

BUSINESS NAME: Paw Tales Pet Spa

OWNER: Carrie Whisnant / Cassandra Stranes

ADDRESS: 235 10th Ave NE Hickory NC. 28601

TELEPHONE: (828) 327-7711

VMO Hunter

COUNTY Catawba

Number of Primary Enclosures 2 Animals Present: Dogs 3 Cats 0

Inspector: Mark "X" in each box, if adequate.
 Circle each item number, if inadequate.
 Use NA if not applicable

STRUCTURE

SANITATION

SPECIAL ITEMS

Housing Facilities

- 1. Structure & Repair
- 2. Ventilation & Temp.
- 3. Lighting
- 4. Ceiling, Wall, Floors
- 5. Storage
- 6. Water Drainage

- 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

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)

Primary Enclosures

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

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

Transportation

- 29. Care in Transit Discussed

Veterinary Care

- 30. Isolation Facility
- 31. No Signs of Illness/Treated

APPROVED CONDITIONALLY APPROVED DISAPPROVED

Date: 3/6/10 Time: 4:35

Mary Stoney
 Inspector's Signature

C. Stranes
 Owner/Authorized Agent's Signature

North Carolina Department of Agriculture and Consumer Services
Veterinary Division
Animal Welfare Licensure Information
Change Form

Facility Name: PawTales Pet Spa License #: 10758

Address: 2923C North Center St Owner: Carrie Whisnant
Hickory N.C. 28601 Phone #: (828) 327-7711

Information to be changed: circle appropriate status change and provide information

Out of Business: date to terminate license / /

Change of Ownership: new owner: _____

Owner's home phone number: ()

Owner's home address: _____

Note: a new license must be issued for the new owner

Change of Name of Business: new name: _____

Change of Telephone Number: facility's new phone number: ()

Change of Address: facility's new address: 235 10th AVE NE
Hickory N.C. 28601

Change of Veterinarian: new vet: Name: _____
(first) (last)

Address: _____

Mail form to: Phone #: ()

NCDA&CS
P.O. Box 26026
Raleigh, NC 27611

Carrie Whisnant 3/16/10
Signature Date