Type of Inspection
New ☐ _____
Annual ☐
Follow-Up 4-13-10
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

CDA&CS, VETERINARY DIVISIC
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: 35.77198 **W:** 79.24976

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: The Goat House Refuge
OWNER: Siglinda Scarpa
ADDRESS: 608 Alton Alston Rd. Pittsboro NC
TELEPHONE: (919) 542-6815
VMO Hunter
COUNTY Chatham

Number of Primary Enclosures 45 **Animals Present: Dogs** Ø **Cats** 125

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) NA
- ☒ 28. Written permission from owner for commingling (doggie daycare) NA

Transportation
- ☒ 29. Care in Transit Discussed

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

☒ **APPROVED** ~~☐ CONDITIONALLY APPROVED~~ ☐ **DISAPPROVED** Date: 5-13-10 Time: 10:30am

E. Do
Inspector's Signature

S. Scarpa
Owner/Authorized Agent's Signature

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

CDA&CS, VETERINARY DIVISI
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Follow-up from previous inspection on 4-13-10.	
	Owner has Completed majority of work in outside area. There are still some ground area that needs to be cleaned out & graveled. All cats look healthy, clean & happy.	
	Facility ok to issue license.	
	* Continue to work in outside area - Add gravel, remove some of the logs outside & continue to rack up weeded area.	

☒ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☐ DISAPPROVED Date: 5-13-10 Time: 10:30am

Inspector's Signature

Owner/Authorized Agent's Signature

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