

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: 35.29573 W: 81.51464

LICENSE #: 10520

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

BUSINESS NAME: Wee Doggies Pet Care & Sockery

OWNER: _____

ADDRESS: 1150 E Mason St Shelby

TELEPHONE: (704) 482-8899

VMO Hunter

COUNTY Cleveland

Number of Primary Enclosures 9 Animals Present: Dogs 1 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 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 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 4/1/10 Time: 12:48

Shelley Swan
Inspector's Signature

[Signature]
Owner/Authorized Agent's Signature

