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 ☒

ENTERED 6/08/10

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.050026 **W:** 78.80538

LICENSE #: 10658
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Dog Days Inn
OWNER: Aimee Olsen
ADDRESS: 319 Williams St. Fay, NC 28301
TELEPHONE: (910) 426-5700
VMO Hunter
COUNTY Cumberland

Number of Primary Enclosures 44 **Animals Present: Dogs** 38 Bdg 41 D.Care **Cats** 3

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
- N/A 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 6/07/10 Time 3:30pm

Pat M. Shaber
Inspector's Signature

Linda Bailey
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10658
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Dog Days Inn
OWNER:
ADDRESS:
TELEPHONE: ( ) -

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Items to Address:	
	Primary Enclosures - Structure & Repair -	
	7) Indoor day care room - Right side of the room - 3 cages need a top. Same row of cages - Attention is needed on the wire of the doors on some of these cages. They have been patched but they should be made more secure with a stronger grade of wire. Straighten the gate that is bowed.	
	Space -	
	8) Many large breed dogs of the same household are housed in the same enclosure at the owner's request. This is not a problem if there is an adequate amount of space for each dog. Owner was not on site today but this issue was discussed with the manager and she understood and stated they had enough kennel panels to create larger enclosures. A copy of the space requirements was left for review.	
	Comments:	
	The manager stated the owner already has plans to add more gravel to the exercise yards, address the peeling concrete floors and is now upgrading the chain link in the exercise yards and creating a walkway between the yards.	
	Temperatures were in range in all areas.	
	No signs of illness noted in any of the dogs or cats	
	Items 7) & 8) should be addressed before the next inspection.	

☒ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☐ DISAPPROVED Date: 6/07/10 Time: 3:30pm

Inspector's Signature

Owner/Authorized Agent's Signature

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