**Type of Inspection**
New ☐
Annual ☒ 2010
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

# ANIMAL WELFARE INSPECTION

**GPS Coordinates - N:** 35.05026 **W:** 78.88538

**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** Sholar
**COUNTY** Cumberland

**Number of Primary Enclosures** 44 **Animals Present: Dogs** 70 **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: 11/3/09 Time: 3:50pm

Dim. Sholar
**Inspector's Signature**

Aimee Olsen
**Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ENTERED

# 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: Cont.
TELEPHONE: (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | Comments: | |
| | Since last inspection the owner has replaced the entire row of Kennels on the right side w/ manufactured Kennels that meet the AW standards. | |
| | Owner is aware of staying on top of any "Wire Patrol" problems and it is noted this issue is much improved over past inspections. | |
| | There were no signs of illness noted today. | |
| | Day Care ratio is in Compliance today. | |

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 11/3/09 Time: 3:50pm

R. M. Shelar
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner