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: 35.12093 **W:** 78.80953

LICENSE #: —
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Top Breed K-9 Boarding
OWNER: Marilyn Simcoe
ADDRESS: 2549 Beard Rd., Fayetteville, NC 28312
TELEPHONE: (910) 489-7874
VMO Shelor
COUNTY Cumberland

Number of Primary Enclosures 5 **Animals Present: Dogs** 0 **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

NIA Today ☐ 19. Adequate Feed/Water
☒ 20. Food Storage
☒ 21. Personnel
NIA ☐ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
NIA Today ☐ 23. Animals' Appearance

SPECIAL ITEMS

Records
☒ 24. Description of Animals
☒ 25. Records/Vet Treatment
NIA ☐ 26. Origin/Disposition
☒ 27. Signature (boarding kennel)
NIA ☐ 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 NIA Today

☒ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date 6-24-08 Time: 12:30

Patrn. Shelor
Inspector's Signature

Marilyn Simcoe
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 #: —
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Top Breed K-9 Boarding
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	New facility - New Licensing Inspection today.	
	Facility is an insulated metal building, sealed concrete floors, 5 chain link pens, air conditioned - temperature was 78° at 11:15 Am - food is stored in covered containers, cleaning is done by mop w/ disinfectant - dog is taken to exercise pen while cleaning is completed.	
	All items have been explained and discussed. (30) Owner will put an isolation sign on the isolation pen.	
	Today, no dogs are being boarded. No cats will be boarded - no cat enclosures.	
	Owner understands the rollup door must be kept down unless some type of gate is installed that will act as a secondary fence to prevent the escape of a dog.	
	Owner also understands dogs are not to be left unattended in the exercise pen.	
	Discussed the size and stenght of the existing chain link - owner has not operated a boarding kennel before - explained the importance of structurally sound kennels.	
	Facility is very clean, owner has records ready for customers - just needs a separate medical sheet for each dog.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date 6-24-08 Time: 12:30

[signature] Inspector's Signature

[signature] Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner