Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 7/28/10
(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: 35.52506 **W:** 80.21650

LICENSE #: 102
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Hart Foundation
OWNER: Amy Hobbs
ADDRESS: 2540 Bicky Hill Rd
TELEPHONE: (336) 787-5786
VMO Hunter
COUNTY Davidson

Number of Primary Enclosures 18 **Animals Present: Dogs** 25 **Cats** 2

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.~~ 14 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)
☒ 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** ☒ **DISAPPROVED** Date: July 29, 2010 Time: 10:30

Shelley J. Swain
Inspector's Signature

Amy J. Hobbs
Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Hart Foundation
OWNER:
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Ms Hobbs has transfered ownership of 20 dogs to the following facilities Wake SPCA Dare HS Charlotte HS Guilford Co AS Transport was facilitated by GAS - CMAC - Saving Grace She plans on having no more than 7 dogs at one time and only taking in animals as space allows. Husbandry was greatly improved All remaining animals have adequate shelter. Garbage and junk has been cleared from food storage. (18) Weeds and grass surrounding Kennels is in excess of 4 ft - Mow/weed eat and maintain (17) Dead rats have been removed however an exterminator has not been contacted (7) Repair Replace damaged chain link fencing Sept. 1, 2010	

☐ APPROVED ☒ DISAPPROVED Date: July 29, 2010 Time: 10:30

Shelley J. Swain
Inspector's Signature

Amy J. Hobbs
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner