

Type of Inspection

- New _____
- Annual _____
- Follow-Up SEPT 27, 2007
(Prev. Inspection Date)
- Complaint _____
- Courtesy _____
- Random _____

CDA&CS, VETERINARY DIVISIC
 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: 35.88142

W: 80.54078

LICENSE #: 62

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

BUSINESS NAME: DAVIE CO ANIMAL SHELTER

OWNER: MARK CRATER

ADDRESS: 465 EATON MOCKSVILLE

TELEPHONE: (336) 477-4252

VMO HUNTER

COUNTY DAVIE

Number of Primary Enclosures 23 Animals Present: Dogs 14 Cats 8

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. NA Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- 23. Animals' Appearance

SPECIAL ITEMS

Records

- 23. Description of Animals
- 24. Records/Vet Treatment
- 25. Origin/Disposition
- 26. NA Signature (boarding kennel)
- 27. NA Written permission from owner for commingling (doggie daycare)

Transportation

- 28. Care in Transit Discussed

Veterinary Care

- 28. Isolation Facility
- 29. No Signs of Illness/Treated

APPROVED DISAPPROVED

Date: Nov 29, 2007 Time: 16:00

Shelley Swain
 Inspector's Signature

Christie Glas
 Owner/Authorized Agent's Signature

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

