

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: 36.00088 W: 80.26793

LICENSE #: 10754

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

BUSINESS NAME: CRITTERS PET RESORT

OWNER: _____

ADDRESS: 166 WEBB WAY ADVANCE

TELEPHONE: (336) 940-5773

VMO HUNTER

COUNTY DAVE

Number of Primary Enclosures 15 Animals Present: Dogs 9 Cats 1

**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
 - 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: 11/4/09 Time: 10:29

Sharon Swann
Inspector's Signature

Jennifer Wilson
Owner/Authorized Agent's Signature

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

