

**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

7:30am - 10:30am (Hours)

**ANIMAL WELFARE INSPECTION**

GPS Coordinates - N:   W:

LICENSE #: 10032  
 TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction   
 BUSINESS NAME: Wishing Well Kennel  
 OWNER: Deborah Wofble  
 ADDRESS: 2449 Lejeune Rd Rocky Mt 27801  
 TELEPHONE: (252) 442-9474  
 VMO: Edgecombe Blount  
 COUNTY: Edgecombe

Number of Primary Enclosures 60 Animals Present: Dogs 22 Cats 0

**Inspector: Mark "X" in each box, if adequate.  
 Circle each item number, if inadequate.  
 Use NA if not applicable**

- |  |   |   |
|--|---|---|
| <p><b>STRUCTURE</b></p> <p><u>Housing Facilities</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1. Structure &amp; Repair</li> <li><input checked="" type="checkbox"/> 2. Ventilation &amp; Temp.</li> <li><input checked="" type="checkbox"/> 3. Lighting</li> <li><input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors</li> <li><input checked="" type="checkbox"/> 5. Storage</li> <li><input checked="" type="checkbox"/> 6. Water Drainage</li> </ul> <p><u>Primary Enclosures</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 7. Structure &amp; Repair</li> <li><input checked="" type="checkbox"/> 8. Space</li> <li><input checked="" type="checkbox"/> 9. Ventilation &amp; Temp.</li> <li><input checked="" type="checkbox"/> 10. Adequate Shelter</li> </ul> | <p><b>SANITATION</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 11. Waste Disposal</li> <li><input checked="" type="checkbox"/> 12. Odor</li> <li><input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors</li> <li><input checked="" type="checkbox"/> 14. Primary Enclosures</li> <li><input checked="" type="checkbox"/> 15. Equipment &amp; Supplies</li> <li><input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins</li> <li><input checked="" type="checkbox"/> 17. Insect/Vermin Control</li> <li><input type="checkbox"/> 18. Building &amp; Grounds</li> </ul> <p><u>HUSBANDRY</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 19. Adequate Feed/Water</li> <li><input checked="" type="checkbox"/> 20. Food Storage</li> <li><input checked="" type="checkbox"/> 21. Personnel</li> <li><input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if &gt;4 in primary enclosure or common area</li> <li><input checked="" type="checkbox"/> 23. Animals' Appearance</li> </ul> | <p><b>SPECIAL ITEMS</b></p> <p><u>Records</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 23. Description of Animals</li> <li><input checked="" type="checkbox"/> 24. Records/Vet Treatment</li> <li><input checked="" type="checkbox"/> 25. Origin/Disposition</li> <li><input checked="" type="checkbox"/> 26. Signature (boarding kennel)</li> <li><input checked="" type="checkbox"/> 27. Written permission from owner for commingling (doggie daycare)</li> </ul> <p><u>Transportation</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 28. Care in Transit Discussed</li> </ul> <p><u>Veterinary Care</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 28. Isolation Facility</li> <li><input type="checkbox"/> 29. No Signs of Illness/Treated</li> </ul> |
|--|---|---|

APPROVED  DISAPPROVED Date: 8/13/07 Time: 11:50am

J. E. [Signature] Inspector's Signature [Signature] Owner/Authorized Agent's Signature

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

