

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

Type of Inspection
New
Annual
Follow-Up
(Prev. Inspection Date) _____
Complaint
Courtesy
Random

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.96347 W: 77.74018

LICENSE #: 10032
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Wishing Well Kennel
OWNER: Deborah D Double
ADDRESS: 2449 Leggat Rd Rocky Mount NC 27801
TELEPHONE: (252) 442-9474
VMO: Hunter
COUNTY: Edgecombe

Number of Primary Enclosures 60 Animals Present: Dogs 25 Cats 0

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

STRUCTURE

SANITATION

SPECIAL ITEMS

Housing Facilities

Records

- 1. Structure & Repair
- 2. Ventilation & Temp.
- 3. Lighting
- 4. Ceiling, Wall, Floors
- 5. Storage
- 6. Water Drainage

- 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

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

Primary Enclosures

HUSBANDRY

Transportation

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

- 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

- 29. Care in Transit Discussed
- Veterinary Care
- 30. Isolation Facility
- 31. No Signs of Illness/Treated

APPROVED CONDITIONALLY APPROVED DISAPPROVED

Date: 10/2/08 Time: 10:30am

J. E. P. [Signature]
Inspector's Signature

[Signature]
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner

