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 ☒

ENTERED 4-18-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.51670 **W:** 78.77116

LICENSE #: 10759
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Paws + Claws
OWNER: Scott Tart
ADDRESS: 62 Atkins Rd., Fuquay Varina, NC 27526
TELEPHONE: (919) 669-6006
VMO Sholar
COUNTY Harnett

Number of Primary Enclosures 20 **Animals Present: Dogs** 4 **Cats** 0

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 — N/A
- ☒ 23. Animals' Appearance

SPECIAL ITEMS

Records
- ☐ 24. Description of Animals
- ☐ 25. Records/Vet Treatment
- N/A ☐ 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: 4-15-08 Time: 10:30Am

Pat M. Sholar
Inspector's Signature

Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ENTERED 4-18-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10759
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Paws & Claws
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
11) 13) 14)	Old feces was found in an empty inside run - need to pay more attention to detail in cleaning.	
15) 16)	Tub, sink and alley to outside runs had many dirty food pans. Food and water receptacles shall be sanitized daily w/hot water, detergent and disinfectant.	
17)	Mouse dropping and roaches found in cabinet and drawers.	
20)	Open bag of treats on counter, dry food can not completely closed. All food & treats shall be stored in a closed container - vermin proof.	
24)	No animal ID is on kennel runs. All animals shall be identified by description, name and owner on run or primary enclosure where it is housed.	
25) 27) 28) 21)	No personnel available to show records for inspection. No one available to sign inspection report.	
Comments:	Grass is begining to need mowing. Temp. inside kennel at 10:30 AM was 50°.	
	Re-Inspect in 2 weeks.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 4-15-08 Time: 10:30 AM

Pat M. Shelor
Inspector's Signature

Owner/Authorized Agent's Signature

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