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

NCDA&CS, VETERINARY DIVISION
1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030
PHONE: 919/733-7601, FAX: 919/733-2277

INDOOR ☐
OUTDOOR ☐
BOTH X

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.43726 W: 82.52248

QBSP Number – ☐☐ – ☐☐☐ – ☐☐ – ☐☐ – ☐

BUSINESS NAME: STEPAMGAR LICENSE #: 10446
OWNER: JAMES SHREFFLER
ADDRESS: 101 SUNNYBROOK LANE FLETCHER
TELEPHONE: (828) 890-3647 VMO SWAIM COUNTY BUNCOMBE
TYPE FACILITY: Animal Shelter ☐ Boarding Kennel X Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures 60 Animals Present: Dogs 37 Cats 3

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

STRUCTURE

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

Primary Enclosures
- ☐ 7. Structure & Repair
- X 8. Space
- X 9. Ventilation & Temp.
- X 10. Adequate Shelter

SANITATION
- X 11. Waste Disposal
- X 12. Odor
- X 13. Ceiling, Wall, Floors
- X 14. Primary Enclosures
- X 15. Equipment & Supplies
- X 16. Washrooms, Sinks, Basins
- X 17. Insect/Vermin Control
- X 18. Building & Grounds

HUSBANDRY
- X 19. Adequate Feed/Water
- X 20. Food Storage
- X 21. Personnel
- X 22. Animals' Appearance

SPECIAL ITEMS

Records
- X 23. Description of Animals
- ☐ 24. Records/Vet Treatment
- X 25. Origin/Disposition
- ☐ 26. Signature (boarding kennel)

Transportation
- X 27. Care in Transit Discussed

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
7	CAULK AND/OR RESEAL AROUND GUILLOTINE DOORS ADD GRAVEL TO BARE AREAS IN EXERCISE PENS	1-2008
24	NO TX SHEET - NEED TX SHEET. SHOWING MEDICATIONS DESCRIPTION, DOSAGE, DATE TIME & INITIAL OF PERSON ADMINISTERING	1-2008
26	ADD OWNER SIGNATURE ON CHECK OUT INFORMATION COMPLETED	10/8/2007

X APPROVED ☐ DISAPPROVED Date: OCT 8, 2007 Time: 12:22

Veterinarian: _____ Telephone: (____) ____-____

Shelley J Swaim
Inspector's Signature

J R Shreffler
Owner/Authorized Agent's Signature

AW-2
Rev. 2/05

White= Office Canary= Inspector Pink= Owner