Type of Inspection
New ☐
Annual ☐
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 ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: ☐☐.☐☐☐☐☐ W: ☐☐.☐☐☐☐☐
QBSP Number – ☐☐ – ☐☐☐ – ☐☐ – ☐☐ – ☐

BUSINESS NAME: Noah's Ark Boarding LICENSE #: 10265
OWNER: Debbie S. Lundy
ADDRESS: 321 Old Mocksville Road Statesville N.C
TELEPHONE: (704) 873 - 7290 VMO Merritt COUNTY Iredell
TYPE FACILITY: Animal Shelter ☐ Boarding Kennel ☒ Dealer ☐ Pet Shop ☐ Public Auction ☐
Number of Primary Enclosures 27 Animals Present: Dogs 6 Cats 0

Inspector: Mark "X" in box, if adequate. Circle 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. Animals' Appearance

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

Transportation
☐ 27. Care in Transit Discussed

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Need more ventilation in main kennel room stuffy more fans, use exhaust fan, need to finish spraying vegatation in kennels and on outside of kennels around cleaning troughs. Need to keep calking & sealing cracks I know it comes up but keep filling them back. It is clean but stuffy and I know it is hot but this is the time to work on ventilation.	
	Work on treatment sheet need exact time, exact dosage and the initials of who gives the meds. My got date and des. of dog. This needs to be done for every ~~per~~ time you give the meds. Also have the type of med. Keep up the good work and work on these improvements	

☒ APPROVED ☐ DISAPPROVED Date: 8/15/07 Time: 9:00 AM

Veterinarian: Dr. Dina Bowman Telephone: (704) 892-4098

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 2/05 White= Office Canary= Inspector Pink= Owner