Type of Inspection
New □ _____
Annual □ _____
Follow-Up 4/6/10
(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 □

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.51383 **W:** 80.50923

LICENSE #: 10629
TYPE FACILITY: Animal Shelter (Private/Public) □ **Boarding Kennel** ☒ **Pet Shop** □ **Public Auction** □
BUSINESS NAME: Wendie Happy Tails
OWNER: Wendie Lewis
ADDRESS: 1086 Jurnursburg Hwy 21
TELEPHONE: (704) 876-4674
VMO Hunter
COUNTY Iredell

Number of Primary Enclosures 18 **Animals Present: Dogs** 16 **Cats** 12

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
☒ 23. Animals' Appearance

SPECIAL ITEMS

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

Transportation not discussed
☒ 29. Care in Transit Discussed

Veterinary Care
☒ 30. Isolation Facility
☒ 31. No Signs of Illness/ Treated

□ **APPROVED** □ **CONDITIONALLY APPROVED** ☒ **DISAPPROVED** Date: 10/1/10 Time: 13:00

Shelley D. Swann
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Wendie Happy Tails
OWNER: Cont
ADDRESS: _____
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Corrections from last inspection - Damaged linoleum has been replaced in clean dry room - All dogs have a solid resting surface - Shorter board has been installed - Straw has been removed and replaced with gravel at entrance No other corrections have been made since last inspection. In addition: (14) Overall husbandry still needs improvement hair and debris still present in primary enclosures (12) There was a distinct odor in Kennel area Increase cleaning frequency (22) There were six unsupervised dogs in front yard enclosure. V #'s (24)(25) No Records available for inspection (18) Grass in excess of 6 ft in back enclosure. Mow (23) There were at least five stray free roaming cats which have access to other animals in facility - these animals were also not vaccinated - remove or contain and vaccinate Will reinspect 10-15-10, Have All records available and all other inadequacies addressed at that time	

☐ **APPROVED** ☒ **DISAPPROVED** Date: Oct 7, 2010 Time: 13:00

Shelley D Swann
Inspector's Signature

Owner/Authorized Agent's Signature