

**Type of Inspection**

- New
- Annual
- Follow-Up \_\_\_\_\_  
(Prev. Inspection Date)
- Complaint
- Courtesy
- Random

NCDA&CS, VETERINARY DIVISIO  
 P. O. BOX 26026, RALEIGH, NC 27611  
 Phone: 919/733-7601, Fax: 919/733-2277

- INDOOR   
 OUTDOOR   
 BOTH

### ANIMAL WELFARE INSPECTION

GPS Coordinates - N:       W:        
 QBSP Number -  -  -  -  -

BUSINESS NAME: RIVER RIDGE BED BISCUIT LICENSE#: 13437 10392  
 OWNER: MARTI DONALDSON  
 ADDRESS: 92 TOTLA HILL DRIVE FRANKLIN NC 28734  
 TELEPHONE: (828) 524-0700 VMO WALOREP COUNTY MACON  
 TYPE FACILITY: Animal Shelter  Boarding Kennel  Dealer  Pet Shop  Public Auction   
 Number of Primary Enclosures 40 Animals Present: Dogs 31 Cats 3

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

- |   |   |  |
|---|---|--|
| <p><b>STRUCTURE</b><br/> <u>Housing Facilities</u><br/> <input checked="" type="checkbox"/> 1. Structure &amp; Repair<br/> <input checked="" type="checkbox"/> 2. Ventilation &amp; Temp.<br/> <input checked="" type="checkbox"/> 3. Lighting<br/> <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors<br/> <input checked="" type="checkbox"/> 5. Storage<br/> <input checked="" type="checkbox"/> 6. Water Drainage</p> <p><u>Primary Enclosures</u><br/> <input checked="" type="checkbox"/> 7. Structure &amp; Repair<br/> <input checked="" type="checkbox"/> 8. Space<br/> <input checked="" type="checkbox"/> 9. Ventilation &amp; Temp.<br/> <input checked="" type="checkbox"/> 10. Adequate Shelter</p> | <p><b>SANITATION</b><br/> <input checked="" type="checkbox"/> 11. Waste Disposal<br/> <input checked="" type="checkbox"/> 12. Odor<br/> <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors<br/> <input checked="" type="checkbox"/> 14. Primary Enclosures<br/> <input checked="" type="checkbox"/> 15. Equipment &amp; Supplies<br/> <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins<br/> <input checked="" type="checkbox"/> 17. Insect/Vermin Control<br/> <input checked="" type="checkbox"/> 18. Building &amp; Grounds</p> <p><b>HUSBANDRY</b><br/> <input checked="" type="checkbox"/> 19. Adequate Feed/Water<br/> <input checked="" type="checkbox"/> 20. Food Storage<br/> <input checked="" type="checkbox"/> 21. Personnel<br/> <input checked="" type="checkbox"/> 22. Animals' Appearance</p> | <p><b>SPECIAL ITEMS</b><br/> <u>Records</u><br/> <input checked="" type="checkbox"/> 23. Description of Animals<br/> <input checked="" type="checkbox"/> 24. Records/Vet Treatment<br/> <input checked="" type="checkbox"/> 25. Origin/Disposition<br/> <input checked="" type="checkbox"/> 26. Signature (boarding kennel)</p> <p><u>Transportation</u><br/> <input checked="" type="checkbox"/> 27. Care in Transit Discussed</p> <p><u>Veterinary Care</u><br/> <input checked="" type="checkbox"/> 28. Isolation Facility<br/> <input checked="" type="checkbox"/> 29. No Signs of Illness/<br/>     Treated</p> |
|---|---|--|

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed

APPROVED  DISAPPROVED Date: 7-23-07 MB Time: 1:30 pm

Veterinarian: DR STAGNITTA Telephone: (828) 369-8080  
Mark Stiles Inspector's Signature Marti Donaldson Owner/Authorized Agent's Signature