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 ☒

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.72858 **W:** 82.00416

LICENSE #: 10086
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: K-9 Motel
OWNER: Wendy Souther
ADDRESS: 304 Lentz RD
TELEPHONE: (828) 652-2354
VMO Hunter
COUNTY McDowell

Number of Primary Enclosures 32 **Animals Present: Dogs** 9 **Cats** 1

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
NA 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☒ 23. Animals' Appearance

SPECIAL ITEMS

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

Transportation
☐ 28. Care in Transit Discussed

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

☐ **APPROVED** ☒ **DISAPPROVED** Date: 11/27/07 Time: 2:00 pm

Mary Stacy / [signature]
Inspector's Signature

Wendy Souther
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

[signature]

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 10086
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: K-9 Motel
OWNER:
ADDRESS:
TELEPHONE: (828) 652-2354

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	(1), (4), (7) - All wood in the entire Talcciaty need to be covered Material That is waterproof, or Replaced.	
	(All wood)	
	90 days Pet Doors Indoor/outdoor made of wood	
	(Floors) walls ↑ Time to make improvements 60 days Jan 31, 2008	
	* Cat House - All wood covered in cages + Sealed or Removed. And replaced with wire Cages. (Design on Iso Room) 30 days	
	* Wood post in outside Run in Large Dog Area needs to be covered.	
	* 6" of gravel in outside Run *(All wood)* (30 days)	
	* Cappet needs to be Took out - Wire to top of outside Run. -	
	* Cover Ramp with water proof material.	
	(20) Food brought by owners or Suppy need to be in sealed containers	
	(28) Isolation Room need to be somewhere away from other Animals (Ventalated, Temp contoled.) (No wood)* 30 days	
	* Can use Cat House for Isolation Room if no Cats are boarding.	
	Record, Treatment sheets, Sign out sheets in good order	
	Call if you need more Info	
	919-830-1712	

☐ APPROVED ☒ DISAPPROVED Date: 11/27/07 Time: 2:00 pm

Gary Stacy / [signature]
Inspector's Signature

Wendy Southe
Owner/Authorized Agent's Signature

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

[signature]