**Type of Inspection**
New
Annual ☒ 7-8-10
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

**CDA&CS, VETERINARY DIVISIC**
**ANIMAL WELFARE SECTION**
**1030 MAIL SERVICE CENTER,**
**RALEIGH, NC 27699-1030**
**PHONE: 919/715-7111, FAX: 919/733-6431**

**INDOOR** ☒
**OUTDOOR** ☐
**BOTH** ☐

ENTERED 7-9-10

# ANIMAL WELFARE INSPECTION

**GPS Coordinates - N:** 35.11977 **W:** 80.52313

**LICENSE #:** N/A
**TYPE FACILITY: Animal Shelter (Private/Public)** ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** The Dog Wizard
**OWNER:** Jake Humphrines & Gretchen Hollyfield.
**ADDRESS:** 216 Foster Ave. Charlotte NC
**TELEPHONE:** (704) 724-0837
**VMO** Hunter
**COUNTY** Mecklenburg

**Number of Primary Enclosures** 31 **Animals Present: Dogs** 16 **Cats** 0

**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**
☒ 29. Care in Transit Discussed

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

☒ **APPROVED** ~~☐ CONDITIONALLY APPROVED~~ ☐ **DISAPPROVED** Date: 7-8-10 Time: 12:51pm

E Dam
**Inspector's Signature**

**Owner/Authorized Agent's Signature**

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

NCDA&CS, VETERINARY DIVISI
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# ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: N/A
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: The Dog Wizard
OWNER:
ADDRESS: (CONT)
TELEPHONE: (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | Last Courtesy inspection 11-2-09. | |
| | - This is a new - unlicensed facility. Shelley Swain performed a courtesy inspection / walk through with owner. Facility was set to be complete by Dec 09. | |
| | - make sure Application & Program of Vet Care was submitted. | |
| | Today's Inspection: | |
| | #22- Keep Common Play Area Ratio at 1:10 - AT ALL TIMES. | |
| | - Keep all records in good order. | |
| | * Facility ok to issue license - as long as all paperwork has been received by office. | |

☒ APPROVED ☐ ~~CONDITIONALLY APPROVED~~ ☐ DISAPPROVED Date: 7-8-10 Time: 12:51 pm.

Inspector's Signature

Owner/Authorized Agent's Signature

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