

Entered

Type of Inspection
 New
 Annual 3-18-10
 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: 35.46156 W: 80.85349

LICENSE #: 10646
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Camp Waggin Tails
 OWNER: Syllia Benson
 ADDRESS: 10835 Bailey Rd. Cornelius NC
 TELEPHONE: (704) 895-8444
 VMO Hunter
 COUNTY Mecklenburg
 Number of Primary Enclosures 99 Animals Present: Dogs 55 Cats 1

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

- | STRUCTURE | SANITATION | SPECIAL ITEMS |
|--|---|---|
| <u>Housing Facilities</u>
<input checked="" type="checkbox"/> 1. Structure & Repair
<input checked="" type="checkbox"/> 2. Ventilation & Temp.
<input checked="" type="checkbox"/> 3. Lighting
<input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors
<input checked="" type="checkbox"/> 5. Storage
<input checked="" type="checkbox"/> 6. Water Drainage

<u>Primary Enclosures</u>
<input checked="" type="checkbox"/> 7. Structure & Repair
<input checked="" type="checkbox"/> 8. Space
<input checked="" type="checkbox"/> 9. Ventilation & Temp.
<input checked="" type="checkbox"/> 10. Adequate Shelter | <input checked="" type="checkbox"/> 11. Waste Disposal
<input checked="" type="checkbox"/> 12. Odor
<input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors
<input checked="" type="checkbox"/> 14. Primary Enclosures
<input checked="" type="checkbox"/> 15. Equipment & Supplies
<input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins
<input checked="" type="checkbox"/> 17. Insect/Vermin Control
<input checked="" type="checkbox"/> 18. Building & Grounds

<u>HUSBANDRY</u>
<input checked="" type="checkbox"/> 19. Adequate Feed/Water
<input checked="" type="checkbox"/> 20. Food Storage
<input checked="" type="checkbox"/> 21. Personnel
<input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
<input checked="" type="checkbox"/> 23. Animals' Appearance | <u>Records</u>
<input checked="" type="checkbox"/> 24. Description of Animals
<input checked="" type="checkbox"/> 25. Records/Vet Treatment
<input checked="" type="checkbox"/> 26. Origin/Disposition
<input checked="" type="checkbox"/> 27. Signature (boarding kennel)
<input checked="" type="checkbox"/> 28. Written permission from owner for commingling (doggie daycare)

<u>Transportation</u>
<input checked="" type="checkbox"/> 29. Care in Transit Discussed

<u>Veterinary Care</u>
<input checked="" type="checkbox"/> 30. Isolation Facility
<input checked="" type="checkbox"/> 31. No Signs of Illness/Treated |

APPROVED ~~CONDITIONALLY APPROVED~~ DISAPPROVED Date: 3-18-10 Time: 12:01pm
E. Armer Inspector's Signature X. Linda Wood Owner/Authorized Agent's Signature

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