Type of Inspection
New □ _____
Annual ☑ 4
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 ☑ 4
OUTDOOR □
BOTH □

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.17376 **W:** 80.84079

LICENSE #: 10317
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☑ Pet Shop □ Public Auction □
BUSINESS NAME: Blue Velvet Woodle Parlor
OWNER:
ADDRESS: 2916 A Selwyn Ave Charlotte
TELEPHONE: (704) 332 8662
VMO Hunter
COUNTY Meck

Number of Primary Enclosures 15 **Animals Present: Dogs** 0 **Cats** _____

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: 3/4/09 Time: 14:50

Shelley J. Swann
Inspector's Signature

Bernard J. Spencer
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Blue Velvet Poodle Parlor
OWNER:
ADDRESS: Mail
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Cedar Shavings ground fathered in.	
	Replace wood as it becomes damaged with material impervious to moisture	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 3/11/09 Time: 14:50

Shelley Swan — **Inspector's Signature**

Bernice Spencer — **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner