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: 35.461576 **W:** 80.853449

LICENSE #: 10646
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Camp Waggin Trails
OWNER:
ADDRESS: 10835 Bailey Rd Cornelius
TELEPHONE: (704) 895-8444
VMO Hunter
COUNTY Mech

Number of Primary Enclosures 99 **Animals Present: Dogs** 40 **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
☑ 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)
☑ 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: Feb 9 2009 Time: 12:43

Shelley J. Swain
Inspector's Signature

T. Ann Kennon
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: Camp Waggin Tails
OWNER: _____
ADDRESS: 88 Cort
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	- Description has been added to Intake/Origin records - Concentration of medication has been added - Beds are being replaced as they become damaged No inadequacies noted at this inspection — Good Job	

☒ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 2/5/09 Time: 12:43

Sherry J. Swann
Inspector's Signature

J. Allen Bowman
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner