Type of Inspection
New ☐
Annual ☒ 3-17-10
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 ☒

Entered

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.23167 **W:** 80.92992

LICENSE #: 10036
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Horkey's Paws Inn
OWNER: Clift Horkey
ADDRESS: 5420 George St. Charlotte NC
TELEPHONE: (704) 399-1609
VMO Hunter
COUNTY Mecklenburg

Number of Primary Enclosures 90 **Animals Present: Dogs** 36 **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
☐ 24. Description of Animals
☐ 25. Records/Vet Treatment
☐ 26. Origin/Disposition
☐ 27. Signature (boarding kennel)
NA 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: 3-17-10 Time: 2:09pm

E. [signature]
Inspector's Signature

[signature] Amanda Helm
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 #: 10036
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Morkey's Paw Inn
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

(CONT)

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Items Addressed Since last inspection 6-9-09:	
	- Chain link has been repaired/replaced	
	- Kennels have been painted.	
	- exposed 4x4 wood post have been covered with product impervious to moisture.	
	Items that need to be addressed:	
	#7- Damaged & rusted gate frames need to be repaired or replaced.	
	#9- Indoor area seems stuffy to me today & there is a slight odor. have a repairman check on ventilation.	
	#13- Continue to repair/reseal cracks in concrete flooring.	
	#27- Owner is currently working on signature sheet but have not used - Begin to use ASAP.	
	Owner is making an ongoing effort to repair & address items as needed. Facility is approved today. If items have not been addressed by next inspection. facility will receive a "disapproval"	

☒ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☐ DISAPPROVED Date: 3-17-10 Time: 2:09pm

E. So
Inspector's Signature

Amanda Helms
Owner/Authorized Agent's Signature

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