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 ☐

ENTERED 12-4-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.25849 **W:** 77.83825

LICENSE #: 10792
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Olga's Dog Spa
OWNER: Olga Littleton
ADDRESS: 114 & 118 Old Dairy Rd. Wilmington, NC 28405
TELEPHONE: (910) 256 - 5011 791-4848
VMO Sholar
COUNTY New Hanover

Number of Primary Enclosures 10 **Animals Present: Dogs** 3 **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
N/A ☐ 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: 12-1-08 Time: 2:00 pm

Pam Sholar
Inspector's Signature

Olga Littleton
Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
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PHONE: 919/715-7111, FAX: 919/733-6431

ENTERED 12-4-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10792
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Olga's Dog Spa
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____ Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
7)	Chain link is damaged on all inside gates. Owner needs to replace with a heavier gauge wire or change to another style gate.	
7)	Outdoor exercise yard - an area has been dug up at the gate. Hole needs to be filled - re-sod or may want to install stepping stones or gravel in that area.	
7)	Back bathing room - wood moldings must be replaced with non-wood product and cover walls in a scrubbable product if dogs are housed in this room.	
20)	2 open bags of dry food were found. All open bags of dry food must be stored in a covered container.	
~~22)~~ 24), 25), 27), 28)	Owner has failed to keep the required records as subcribed in AW# 02 NCAC 52J.0102.	
Comments:	Owner has put on "Isolation Sign" on the isolation room door.	
	Owner has been granted 60 calendar days to correct all of the above items.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 12-1-08 Time: 2:00pm

Pat M. Shelar
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner