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 9-5-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.75301 **W:** 77.38910

LICENSE #: 10320
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Animal House
OWNER: Julie Henderson
ADDRESS: 655 Bell Fork Rd., Jax., NC 28540
TELEPHONE: (910) 353-2684
VMO Shular
COUNTY Onslow

Number of Primary Enclosures 250 **Animals Present: Dogs** 103 **Cats** 11

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: 9-3-08 Time: 11:30AM

Pat M. Shular
Inspector's Signature

Linda Smith
Owner/Authorized Agent's Signature

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

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ENTERED 9-5-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10320
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Animal House
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
1)	Building C - Glass in the door is broken. Should be repaired this week.	
7)	Building D - 3rd Outdoor pen - Chain link has a hole that needs to be repaired.	
7)	Outdoor Exercise yards - Need to maintain gravel in some areas - discussed w/ Manager to keep any holes filled and not to have any bare dirt areas.	
3)	Building G - 3 sets of lights are out.	

Comments:

Discussed removing the scratching posts in the cat room. Manager stated the owner is going to start replacing pipes that are begining to rust and the penthouse doors will be replaced w/ glass doors. Some areas have some chipped paint - owner is aware and plans to repaint.
Temperature is 72°-74° in all buildings, daycare is in compliance with ratio.
Remember to log the strenght of the medication on the medical log.

Today's inspection is conditionally approved contingent upon the above items being addressed.

Re-Inspect in 30 days.

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 9-3-08 Time: 11:30 Am

Robin M. Shelar
Inspector's Signature

Linda Smith
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner