**Type of Inspection**
New ☐ _____
Annual ☐ _____
Follow-Up 1-24-08
(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 4-1-08

# 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., Jacksonville, NC 28540
**TELEPHONE:** (910) 353 - 2684
**VMO** Sholar
**COUNTY** Onslow

**Number of Primary Enclosures** 250 **Animals Present: Dogs** 105 **Cats** 7

**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: 4-1-08 TB Time: 10:30 Am

Palm. Sholar
**Inspector's Signature**

Wanda Marshburn
**Owner/Authorized Agent's Signature**

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
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PHONE: 919/715-7111, FAX: 919/733-6431

ENTERED 4-1-08

# 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:**
**TELEPHONE:** (_____)_____-_____

Cont.

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | Follow-up from 1-24-08. | |
| | Comments on Corrections: | |
| | 1-(1) The metal doors (outside) on the Kennel buildings were showing some rust. New stainless plates are here today but due to hard rain today, installation will be on a dry day - okay. | |
| | 2-(7) Pool Room Kennels - all drain covers are in place - Good. | |
| | Bldg. F - Broken door has been removed - not using run - okay. | |
| | Penthouse - Metal doors have been re-painted - Good. | |
| | Cat Tree - All rubber has been replaced - Good. | |
| | 3(22) Day Care Ratio is in Compliance today - Good. | |
| | 4-(7) Outdoor Exercise yards - More gravel has been added - looks much better. No Bare dirt showing today. - Good. | |
| | 1 Run has a broken door - Signage Not to use until repaired. - okay. | |
| | 4-(24) Medical Log - Strenght and amount of med is now being logged - good. | |
| | Facility is clean, dogs/cats look well cared for, temperatures are 71-72° in all Kennel buildings. | |
| | Good Job! | |

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 4-1-08 Time: 10:30 Am

Robin Sholar
**Inspector's Signature**

Wanda Marshburn
**Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner