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: ☐☐.☐☐☐☐☐ **W:** ☐☐.☐☐☐☐☐

LICENSE #: 10740
TYPE FACILITY: Animal Shelter (Private/Public) □ **Boarding Kennel** X **Pet Shop** □ **Public Auction** □
BUSINESS NAME: Hush Puppies
OWNER: Vicki Barrett
ADDRESS: _____
TELEPHONE: (910) 327-3644
VMO Sholar
COUNTY Onslow

Number of Primary Enclosures _____ **Animals Present: Dogs** 0 **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 N/A
□ 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
□ 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 6-24-08 MB Time: 1:00pm

[signature] M. Sholar
Inspector's Signature

_____
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 #: 10740
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Nosh Puppies
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	This is to document a call to me from Vicki Barrett concerning getting her PVC completed. Her regular vet, Dr. Owen Martin is out of town and she has not be able to get another vet scheduled before June 30. We discussed canceling her license - she moved and is remodeling another facility - at the time did not realize it would take as long to get the work completed. She has now chosen to have her license canceled. She will contact me in approximately 3-4 weeks for an inspection. She is to mailed the canceled license to the Rel. OFF ASAP.	

Per Phone Conversation

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 6-24-08 Time: 1:00 pm

Peter Shelar
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner