Type of Inspection
New ☐
Annual ☒ 2011
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☒ 2011

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 10/15/10

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.33128 **W:** 77.75345

LICENSE #: 10869
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Scotts Hill Pet Resort
OWNER: David + Jacqueline Parker
ADDRESS: 11201 US Hwy 17 N, Wil, NC 28411
TELEPHONE: (910) 686 - 1902
VMO Hunter
COUNTY Pender

Number of Primary Enclosures 60 K-9 4 Fel **Animals Present: Dogs** 25 **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: 10/14/10 Time: 3:45 pm

Pat M. Shelar
Inspector's Signature

David R. Parker Jr.
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 #: 10869
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel X Pet Shop □ Public Auction □
BUSINESS NAME: Scotts Hill Pet Resort
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____ Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
Comments:		
Owner has built a very sturdy shelter over the back section of outdoor exercise runs. It covers approximately 1/4 of the run.		
Items Addressed Since 5/25/10:		
1- A Commingling Permission Statement has been created and is being used.		
2- Vet Treatment Log - All medications are now being logged and the initials of the person administering the medication is also logged.		
3- Rabies Vaccinations - Proof of rabies status is available today.		
Items To Address:		
7) Wood posts inside exercise pens must be covered in a material that is impervious to moisture.		
25) Vet Treatment - Kennel owner must obtain the name of all medications that owners leave to be administered to their animal.		
Owner plans to install a shelter over the small dog exercise runs.		
Kennels are clean and odor free.		
Re-Inspect in 60 Calendar days.		

X APPROVED ~~□ CONDITIONALLY APPROVED~~ □ DISAPPROVED Date: 10/4/10 Time: 3:45 pm

Pat M. Shelton
Inspector's Signature

David R. Parker Jr.
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner