

**Type of Inspection**

- New
- Annual
- Follow-Up  \_\_\_\_\_
- (Prev. Inspection Date)
- Complaint
- Courtesy
- Random

NCDA&CS, VETERINARY DIVISION  
 P. O. BOX 26026, RALEIGH, NC 27611  
 Phone: 919/733-7601, Fax: 919/733-2277

- INDOOR   
 OUTDOOR   
 BOTH

**ANIMAL WELFARE INSPECTION**

GPS Coordinates - N: 35 . 57130 W: 77 . 12577  
 QBSP Number -  -  -  -  -

BUSINESS NAME: CLARK'S NECK KENNEL LICENSE#: 20423  
 OWNER: MATT: 540220  
 ADDRESS: 6038 CLARKS NECK RD WASHINGTON NC 27889  
 TELEPHONE: (252) 975-5800 VMO B. B. B. B. B. COUNTY P. T.  
 TYPE FACILITY: Animal Shelter  Boarding Kennel  Dealer  Pet Shop  Public Auction   
 Number of Primary Enclosures 70 Animals Present: Dogs \_\_\_\_\_ Cats \_\_\_\_\_

**Inspector: Mark "X" in box, if adequate. Circle item number, if inadequate. Use NA if not applicable**

- |   |   |   |
|---|---|---|
| <p><b>STRUCTURE</b></p> <p><u>Housing Facilities</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1. Structure &amp; Repair</li> <li><input checked="" type="checkbox"/> 2. Ventilation &amp; Temp.</li> <li><input checked="" type="checkbox"/> 3. Lighting</li> <li><input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors</li> <li><input checked="" type="checkbox"/> 5. Storage</li> <li><input checked="" type="checkbox"/> 6. Water Drainage</li> </ul> <p><u>Primary Enclosures</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 7. Structure &amp; Repair</li> <li><input checked="" type="checkbox"/> 8. Space</li> <li><input checked="" type="checkbox"/> 9. Ventilation &amp; Temp.</li> <li><input checked="" type="checkbox"/> 10. Adequate Shelter</li> </ul> | <p><b>SANITATION</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 11. Waste Disposal</li> <li><input checked="" type="checkbox"/> 12. Odor</li> <li><input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors</li> <li><input checked="" type="checkbox"/> 14. Primary Enclosures</li> <li><input checked="" type="checkbox"/> 15. Equipment &amp; Supplies</li> <li><input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins</li> <li><input checked="" type="checkbox"/> 17. Insect/Vermin Control</li> <li><input checked="" type="checkbox"/> 18. Building &amp; Grounds</li> </ul> <p><b>HUSBANDRY</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 19. Adequate Feed/Water</li> <li><input checked="" type="checkbox"/> 20. Food Storage</li> <li><input checked="" type="checkbox"/> 21. Personnel</li> <li><input checked="" type="checkbox"/> 22. Animals' Appearance</li> </ul> | <p><b>SPECIAL ITEMS</b></p> <p><u>Records</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 23. Description of Animals</li> <li><input checked="" type="checkbox"/> 24. Records/Vet Treatment</li> <li><input checked="" type="checkbox"/> 25. Origin/Disposition</li> <li><input checked="" type="checkbox"/> 26. Signature (boarding kennel)</li> </ul> <p><u>Transportation</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 27. Care in Transit Discussed</li> </ul> <p><u>Veterinary Care</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 28. Isolation Facility</li> <li><input checked="" type="checkbox"/> 29. No Signs of Illness/Treated</li> </ul> |
|---|---|---|

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	<u>No Problems NOTED</u>	

APPROVED  DISAPPROVED Date: 8/15/07 Time: 11:15am  
 Veterinarian: Dr. M. Paffenberger Telephone: (252) 946-2834  
 \_\_\_\_\_  
 Inspector's Signature Owner/Authorized Agent's Signature