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 #: 10725
TYPE FACILITY: Animal Shelter (Private/Public) □ **Boarding Kennel** ☒ **Pet Shop** □ **Public Auction** □
BUSINESS NAME: The Dog Wash Boarding & Kennel
OWNER:
ADDRESS: 7034 Jordan Rd Ramseur
TELEPHONE: (___)___-_____
VMO Hunter
COUNTY Randolph

Number of Primary Enclosures _____ **Animals Present: Dogs** _____ **Cats** _____

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
□ 23. Description of Animals
□ 24. Records/Vet Treatment
□ 25. Origin/Disposition
□ 26. Signature (boarding kennel)
□ 27. Written permission from owner for commingling (doggie daycare)

Transportation
□ 28. Care in Transit Discussed

Veterinary Care
□ 28. Isolation Facility
□ 29. No Signs of Illness/ Treated

□ **APPROVED** ☒ **DISAPPROVED** Date: Feb 12 2009 Time: 09:30

Shelley Swann
Inspector's Signature

Bobbie Thurston
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 #: _____
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☒ Pet Shop □ Public Auction □
BUSINESS NAME: The Dog Wash N Boarding Kennel Cont
OWNER: _____
ADDRESS: _____
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Spoke with Bobbi Flenchum (Grandmother) This facility is no longer boarding. It is strictly grooming - Do not wish to renew license	

□ **APPROVED** □ **CONDITIONALLY APPROVED** ☒ **DISAPPROVED** Date: 2/12/09 Time: 09:30

Inspector's Signature

Bobbie Flenchum
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner