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: 35.437445 **W:** 81.937553

LICENSE #: 10662
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☒ Pet Shop □ Public Auction □
BUSINESS NAME: THE KENNELS AT WENNIE HILL
OWNER:
ADDRESS: 241 HAMPTON RD RUTHERFORDTON
TELEPHONE: (828) 286-3236
VMO HUNTER
COUNTY RUTHERFORD

Number of Primary Enclosures 20 **Animals Present: Dogs** 12 **Cats** 4

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
☒ 26. Origin/Disposition
☒ 27. Signature (boarding kennel)
N/A 28. Written permission from owner for commingling (doggie daycare)

Transportation
N/A 29. Care in Transit Discussed

Veterinary Care
☒ 30. Isolation Facility
☒ 31. No Signs of Illness/ Treated

□ **APPROVED** □ **CONDITIONALLY APPROVED** □ **DISAPPROVED** Date: 9/29/08 Time: 12:50

Shelley D. Swain
Inspector's Signature

Tammy M. Owen
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 #: 10662
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: THE KENNELS AT WENNIE HILL
OWNER:
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(1)	BAK COMMON AREA NEEDS GRAVEL ADDED AND MAINTAINED AT A DEPTH OF 6 INCHES IF DOGS HAVE ACCESS TO THIS AREA THEN A SECONDARY PERIMETER FENCE IS REQUIRED 5/x UNLESS SUPERVISED -	
(9)(12)	STRONG ODOR IN KENNEL AREA - INCREASE VENTILATION INCREASE CLEANING FREQUENCY - FLUSH DRAINS?	
(3)	LIGHTING IN CAT ROOM IS POOR - ANIMALS AND ENCLOSURES ARE DIFFICULT TO VIEW - FACILITIES SHALL HAVE ADEQUATE ILLUMINATION TO PERMIT ROUTINE INSPECTIONS.	
(7)	CAULK AND OR SEAL SEAMS IN KENNELS IN AND OUTSIDE - MAKE IMPERVIOUS TO MOISTURE	
(12)	ODOR THROUGHOUT FACILITY - INCREASE CLEANING FREQUENCY - INCREASE VENTILATION	
(17)	THERE ARE CHICKENS BEING HOUSED AROUND SIDE OF BUILDING ~~THERE~~ IS FLIES WERE SWARMING AROUND THESE ENCLOSURES - REMOVE BUILD UP OF FECES AND CONTROL FLIES	
(15)	PROPERTY AROUND KENNEL IS LITTERED WITH BUILDING SCRAPS, ENCLOSURES FOR OTHER SPECIES AND JUNK. PREMISES SHALL BE KEPT CLEAN AND IN GOOD REPAIR WEEDS GRASSES AND BUSHES MUST BE CONTROLLED	

□ APPROVED □ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 4/29/08 Time: 12:50

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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LICENSE #: 10662
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: THE KENNELS AT WENNIE HILL
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(20)	OPEN BAGS OF FOOD NOTED IN MAIN KENNEL AREA AND CAT ROOM - ALL OPEN FOOD MUST BE STORED IN SEALED CONTAINERS.	
(25)	VACCINATION RECORDS ARE NOT CURRENT FOR BOARDING DOGS - UPDATE THESE RECORDS AND FOLLOW PROGRAM OF VETERINARY CARE ESTABLISHED WITH YOUR VETERINARIAN	
(14) (14)	CAT ENCLOSURES, CHI PUPPY PEN, AND BACK COMMON AREA LARGE BUILD UP OF FECES. ENCLOSURES AND EXERCISE AREAS FOR DOGS AND CATS MUST BE PROPERLY CLEANED A MINIMUM OF 2X DAILY	
(7)	REPAIR DAMAGED DOOR FLAPS	
	PLEASE HAVE INADEQUACIES ADDRESSED BY NOV. 1, 2008	

☐ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☒ **DISAPPROVED** Date: 9/23/08 Time: 1250

Sheila J. Swann
Inspector's Signature

Tammy M. Owens
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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