Type of Inspection
New ☐ _____
Annual ☒ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐
Random ☒ 3-24-10

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: 34.76520 **W:** 79.46770

LICENSE #: 10847
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Adam's Pet Spa
OWNER: Helen Nelson
ADDRESS: 1011 South Main St, Laurinburg, NC 28352
TELEPHONE: (910) 276-2442
VMO Hunter
COUNTY Scotland

Number of Primary Enclosures 7 **Animals Present: Dogs** 2 **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
NA 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
NA 27. Signature (boarding kennel)
NA 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: 3-24-10 Time: 10:10am

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 #: 10847
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Adam's Pet Spa
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

(CONT)

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Items addressed since 8-20-09 inspection:	
	(1) Facility is in good repair - owner is working diligently to make ongoing improvements.	
	(2) Molding is complete	
	(3) Glass doors are still being addressed.	
	(4) Paperwork has been established for all boarding animals to include current copy of RV, signature form, & other important records.	
	Item to be addressed:	
	#18 - add a barrier around tree in play yard to prevent animals from having access.	
	* Cleaning is ongoing at time of inspection.	
	* Temperature is 62°	

☒ APPROVED ☐ ~~CONDITIONALLY~~ APPROVED ☐ DISAPPROVED Date: 3-24-10 Time: 10:10am

E. [illegible]
Inspector's Signature

[illegible]
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07 White= Office Canary= Inspector Pink= Owner