**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:** 36.18738 **W:** 80.49045

**LICENSE #:** 10545
**TYPE FACILITY: Animal Shelter (Private/Public)** ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Quail Hill Farm Kennel
**OWNER:** Tracey Hayes
**ADDRESS:** 504 Noah Hayes Rd
**TELEPHONE:** (336) 366 - 0491
**VMO** Hunter
**COUNTY** Surry

**Number of Primary Enclosures** 28 **Animals Present: Dogs** 14 **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
- ☒ 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** ☐ **DISAPPROVED** Date: Aug 30, 2010 Time: 12:30

Shelley J. Swann
**Inspector's Signature**

Tracey Hayes
**Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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# ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 10545
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Quail Hill Farm Kennel
OWNER:
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| (25) | Verify / update vaccination records revised PVC | |
| | No other inadequacies noted @ this inspection | |

☒ APPROVED ☐ DISAPPROVED Date: Aug 30, 2010 Time: 12:30

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner