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

INDOOR ☒
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 3 5 . 3 1 1 8 7   W: 8 2 . 6 5 6 6 2

LICENSE #: *10586*
TYPE FACILITY: Animal Shelter (Private/Public) ☐   Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: *Robin Nest Pet Care*
OWNER: *Robin Huckaba*
ADDRESS: *47 Big Bear Drive, Pisgah Forest N.C.*
TELEPHONE: (*828*)*877*-*3126*
VMO *Hunter*
COUNTY *Transylvana*

Number of Primary Enclosures ___*10*___   Animals Present: Dogs ___*5*___   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: *4-11-201*   Time: *11:50*

_____
Inspector's Signature

_____
Owner/Authorized Agent's Signature

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

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