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 ☒

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.89872 **W:** 80.71786

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: BLUE LINE KENNEL
OWNER: HEIDI BAUMBARGER
ADDRESS: 4408 BIGHAM RD WAXHAW
TELEPHONE: (704) 843-0944
VMO HUNTER
COUNTY UNION

Number of Primary Enclosures 38 **Animals Present: Dogs** 14 **Cats** 5

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** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 6/11/08 Time: 11:38

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 #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: BLUE LINE KENNEL
OWNER: _____
ADDRESS: _____
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	RECIEVED ANONYMOUS COMPLAINT THAT DOGS WERE WET WHEN PICKED UP BY OWNERS - SPOKE WITH HEIDI BAUMBARGER SHE STATED THAT THE ONLY TIME DOGS ARE SPRAYED WITH WATER IS FOR TRAINING AS A BARKING DETERRANT AND THEN IT IS WITH A WATER BOTTLE - NOT A HOSE. RECOMMEND GETTING OWNER PERMISSION BEFORE ANY TYPE OF TRAINING IS PERFORMED OTHER THAN WHAT IS NEEDED IN DAY TO DAY BOARDING.	
(1) (7)	ADD GRAVEL TO OUTSIDE AREAS	
(6)	STANDING WATER IN FRONT OF ENTERANCE IMPROVE DRAINAGE IN THIS AREA	
(18)	GRASS AND WEEDS 12-18 INCHES HIGH MOW AREAS AROUND KENNEL	
	8-1-08	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 8/1/08 Time: 11:38

Inspector's Signature — Owner/Authorized Agent's Signature

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