**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:** 34.92281 **W:** 80.71649

**LICENSE #:** 10930
**TYPE FACILITY: Animal Shelter (Private/Public)** ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Camp Bark
**OWNER:** Cindy Starkey
**ADDRESS:** 7619 Waxhaw Highway Waxhaw
**TELEPHONE:** (704) 843-8345 or 704 858-2275
**VMO** Hunter
**COUNTY** Union

**Number of Primary Enclosures** 21 **Animals Present: Dogs**_____ **Cats** _____

**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**
☒ 23. Description of Animals
☐ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
☒ 26. Signature (boarding kennel)
☒ 27. Written permission from owner for commingling (doggie daycare)

**Transportation**
☐ 28. Care in Transit Discussed

**Veterinary Care**
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/ Treated

☐ **APPROVED** ☒ **DISAPPROVED** Date: Jan 14, 2009 Time: 14:55

Sheila Swain
**Inspector's Signature**

**Owner/Authorized Agent's Signature**

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

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ENTERED

# ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10730
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME:
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | No vaccination records for foster dogs housed with boarding dogs. | |
| | Nursing bitch with six puppies aprox 3wks - Is not vaccinated | |
| | Do not house Rescue dogs vaccinated unvaccinated rescue dogs with animals being boarded. | |
| | Bare dirt areas in all play areas gravel to 6in grass or concrete | |
| | ~~to~~ PVC not signed by veterinarian | |
| | Complete PVC including veterinarian signature 24 hrs | |
| | 1-15-09 Rescue animals have been removed from boarding area | |
| | 1-19-09 Recieved ammended PVC attached | |

□ APPROVED □ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 1/14/09 Time: 6:12

Shelley J. Swain
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner