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 X

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.92463 **W:** 86.75240

LICENSE #: 1047
TYPE FACILITY: Animal Shelter (Private/Public) □ **Boarding Kennel** X **Pet Shop** □ **Public Auction** □
BUSINESS NAME: Top Hounds Pet Care
OWNER:
ADDRESS: 5420 Waynesville Marion Rd Waynesville
TELEPHONE: (704) 243-0133
VMO Hunter
COUNTY Union

Number of Primary Enclosures _____ **Animals Present: Dogs** 24 **Cats** _____

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities
X 1. Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
X 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
X 7. Structure & Repair
X 8. Space
X 9. Ventilation & Temp.
X 10. Adequate Shelter

SANITATION

X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
X 14. Primary Enclosures
X 15. Equipment & Supplies
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
X 18. Building & Grounds

HUSBANDRY
X 19. Adequate Feed/Water
X 20. Food Storage
X 21. Personnel
X 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
X 23. Animals' Appearance

SPECIAL ITEMS

Records
X 24. Description of Animals
X 25. Records/Vet Treatment
X 26. Origin/Disposition
X 27. Signature (boarding kennel)
X 28. Written permission from owner for commingling (doggie daycare)

Transportation
X 29. Care in Transit Discussed

Veterinary Care
X 30. Isolation Facility
X 31. No Signs of Illness/ Treated

□ **APPROVED** □ **CONDITIONALLY APPROVED** □ **DISAPPROVED** Date: 3/12/09 Time: 10:00

Shirley D. Lewis
Inspector's Signature

Heather Tarpinian
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Inadequacies from last inspection have been addressed — keep working on grass in common area everything else looks great!	

□ **APPROVED** ☒ **CONDITIONALLY APPROVED** □ **DISAPPROVED** Date: 3/20/07 Time: 10:00

Sharon D. Lewis
Inspector's Signature

Heather Lapinca
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner