

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

NCDA&CS, VETERINARY DIVISION
 P. O. BOX 26026, RALEIGH, NC 27611
 Phone: 919/733-7601, Fax: 919/733-2277

INDOOR
 OUTDOOR
 BOTH

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36 . 25476 W: 78 . 32485
 QBSP Number - - - - -

BUSINESS NAME: Liberty Kennels LICENSE#: 10596 JB
 OWNER: Rudolph Abate
 ADDRESS: 1724 Walter Bowen Rd Henderson NC 27557
 TELEPHONE: (252) 438-4459 VMO _____ COUNTY VAUCE
 TYPE FACILITY: Animal Shelter Boarding Kennel Dealer Pet Shop Public Auction
 Number of Primary Enclosures 50 Animals Present: Dogs _____ Cats _____

Inspector: Mark "X" in box, if adequate. Circle 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. Animals' Appearance

SPECIAL ITEMS

- Records
 23. Description of Animals
 24. Records/Vet Treatment
 25. Origin/Disposition
 26. Signature (boarding kennel)
Transportation
 27. Care in Transit Discussed
Veterinary Care
 28. Isolation Facility
 29. No Signs of Illness/
 Treated

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	<u>The Crack in The Kennel Floor has been Sealed.</u>	

APPROVED DISAPPROVED Date: 8/7/07 Time: 2:50 PM

Veterinarian: _____ Telephone: (____) _____
J. E. JB Inspector's Signature R. Abate Owner/Authorized Agent's Signature