

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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: W:

LICENSE #: 10395
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: CAMP CANINE INC
 OWNER: Suzanne Keeys
 ADDRESS: 338 James Jackson Ave Cary NC
 TELEPHONE: (919) 468-8501
 VMO: Huston
 COUNTY: Wake

Number of Primary Enclosures: 13 Animals Present: Dogs 79 Cats 6

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

STRUCTURE

SANITATION

SPECIAL ITEMS

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

- 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

- 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)

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

- 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

- Transportation**
- 29. Care in Transit Discussed
- Veterinary Care**
- 30. Isolation Facility
 - 31. No Signs of Illness/Treated

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 3/27/11 Time: 9:40

[Signature]
 Inspector's Signature

[Signature]
 Owner/Authorized Agent's Signature

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