

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

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

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: W:

LICENSE #: 10588
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Furry Feet Retreat of Cary
OWNER: Teresa Whitley
ADDRESS: 950 W. Chatham St Cary NC
TELEPHONE: (919) 466-8609
VMO Master
COUNTY Wake

Number of Primary Enclosures 36 Animals Present: Dogs 16 Cats 0

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

- | | | |
|--|--|--|
| STRUCTURE | SANITATION | SPECIAL ITEMS |
| <u>Housing Facilities</u> | <input checked="" type="checkbox"/> 11. Waste Disposal | <u>Records</u> |
| <input checked="" type="checkbox"/> 1. Structure & Repair | <input checked="" type="checkbox"/> 12. Odor | <input checked="" type="checkbox"/> 24. Description of Animals |
| <input checked="" type="checkbox"/> 2. Ventilation & Temp. | <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors | <input checked="" type="checkbox"/> 25. Records/Vet Treatment |
| <input checked="" type="checkbox"/> 3. Lighting | <input checked="" type="checkbox"/> 14. Primary Enclosures | <input checked="" type="checkbox"/> 26. Origin/Disposition |
| <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors | <input checked="" type="checkbox"/> 15. Equipment & Supplies | <input checked="" type="checkbox"/> 27. Signature (boarding kennel) |
| <input checked="" type="checkbox"/> 5. Storage | <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins | <input checked="" type="checkbox"/> 28. Written permission from owner for commingling (doggie daycare) |
| <input checked="" type="checkbox"/> 6. Water Drainage | <input checked="" type="checkbox"/> 17. Insect/Vermin Control | |
| | <input checked="" type="checkbox"/> 18. Building & Grounds | |
| <u>Primary Enclosures</u> | <u>HUSBANDRY</u> | <u>Transportation</u> |
| <input checked="" type="checkbox"/> 7. Structure & Repair | <input checked="" type="checkbox"/> 19. Adequate Feed/Water | <input checked="" type="checkbox"/> 29. Care in Transit Discussed |
| <input checked="" type="checkbox"/> 8. Space | <input checked="" type="checkbox"/> 20. Food Storage | |
| <input checked="" type="checkbox"/> 9. Ventilation & Temp. | <input checked="" type="checkbox"/> 21. Personnel | <u>Veterinary Care</u> |
| <input checked="" type="checkbox"/> 10. Adequate Shelter | <input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area | <input checked="" type="checkbox"/> 30. Isolation Facility |
| | <input checked="" type="checkbox"/> 23. Animals' Appearance | <input checked="" type="checkbox"/> 31. No Signs of Illness/Treated |

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 7/6/10 Time: 3:05pm

J. E. Blay Inspector's Signature Teresa K. Whitley Owner/Authorized Agent's Signature