Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 7-10-08
(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 8-12-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.37030 **W:** 77.95387

LICENSE #: 10768
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: 3 Dog Nite Pet Resort + Spa
OWNER: Katelynn Murphy
ADDRESS: 104 Smith Berkley Blvd., Goldsboro, NC 27534
TELEPHONE: (919) 778-4495
VMO Sholer
COUNTY Wayne

Number of Primary Enclosures 13 **Animals Present: Dogs** 19 **Cats** 0

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

Transportation
- ☒ 29. Care in Transit Discussed

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

☐ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☒ **DISAPPROVED** Date 8-11-08 Time: 1:00 pm

Patm. Sholer
Inspector's Signature

Katelynn Murphy
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

RECEIVED 8-12-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10768
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: 3 Dog Nite
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Follow-up from 7-10-08	
	Items that have been addressed:	
	1- Odors - Today there are no noticeable odors.	
	2- Dog ratio is in Compliance today.	
	3- A medical log has been created that now is totally in Compliance.	
	Items still to be addressed:	
	7) The damaged shower board has not been addressed yet. Owner now plans to install sealed, painted cinder block. The doors were discussed and the owner understands what will be in Compliance.	
	Re-Inspect Aprox. on 10-2-08 (45 days)	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 8-11-08 Time: 1:00pm

Pat M. Shelor
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner