Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 9/29/09
(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: 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: Katelyn Murphy
ADDRESS: 104 Smith Berkley Blvd., Goldsboro, NC 27534
TELEPHONE: (919) 778-4495
VMO Sholar
COUNTY Wayne

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

See Comments on Pg 2

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 N/A
- ☐ 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
- ☐ 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: 1/21/10 Time: 11:15 AM

Inspector's Signature **Owner/Authorized Agent's Signature**

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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

Cont

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Follow-up from 9/29/09	
	Owner closed this boarding facility on 12/31/09.	
	There are still items from the 9/29/09 inspection that need to be addressed if another person opens the facility. Refer to 9/29/09 report.	
	The owner stated another person is considering opening the facility. AW regulations and licensing application was left for the possible new owner.	
	It was made clear no one can operate this business until all items are addressed fully.	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 1/21/10 Time: 11:15am

R. M. Shuler
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner