Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 5-1-08
(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 X

ENTERED 6-26-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.14218 **W:** 79.29057

LICENSE #: 10272
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** X **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Oak Hill Kennel #1
OWNER: John Irwin + Amy Dahl
ADDRESS: 151 Roberts Loop Rd., West End, NC 27376
TELEPHONE: (910) 295 - 6710
VMO Sholar
COUNTY Moore

Number of Primary Enclosures 35 **Animals Present: Dogs** 1 **Cats** 0

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

STRUCTURE

Housing Facilities
X 1. Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
(☐ 4.) Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
(☐ 7.) Structure & Repair
X 8. Space
X 9. Ventilation & Temp.
X 10. Adequate Shelter

SANITATION

X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
X 14. Primary Enclosures
X 15. Equipment & Supplies
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
X 18. Building & Grounds

HUSBANDRY
X 19. Adequate Feed/Water
X 20. Food Storage
X 21. Personnel
X 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
X 23. Animals' Appearance

SPECIAL ITEMS

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

Transportation
X 29. Care in Transit Discussed

Veterinary Care
(☐ 30.) Isolation Facility
X 31. No Signs of Illness/ Treated

☐ **APPROVED** X **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date 6-26-08 Time: 11:00 Am

Robin Sholar
Inspector's Signature

Owner/Authorized Agent's Signature

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

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PHONE: 919/715-7111, FAX: 919/733-6431

ENTERED 6-27-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10272
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Oak Hill Kennel #1
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	5-1-08 Follow-up Inspection.	
	Comments:	
	Apartment Kennels - Kennel blocks have been sealed and painted. Ceilings in Cat/	
	Small dog cages have been painted. Kennel floors (bldg) have been painted.	
	Double doors have been painted. Cage #39 floor has been replaced.	
	Sink w/hot water is available for cleaning food/water pans. Bathroom	
	for facility has been painted, new faucets installed - everything in working	
	order.	
	Instead of guilotene doors, rubber doggie doors that can be closed have been	
	installed. Dogs are kept inside when runs are hosed to prevent cross	
	contamination.	
	The existing resting platforms are going to be used - okay.	
	A thermometer is available to monitor ambient temperature (50-85°).	
	Food is stored in a covered container, refrigerator on site and working.	
	Yards have been cleaned - grass mowed.	
	Apartment Kennel has 10 runs and 10 cat or small dog enclosures - these	
	are ready for use, records are being kept. Need to start a Signature Release	
	form.	
	Office Kennels - These will not be used until remodeling is complete - Manager	
	needs to increase funding before this work can be completed.	
	Items still to be Addressed before a Complete Approved Inspection may be	
	obtained:	
	1- (4) OFF. Kens. - Ceiling, walls + floors - Cleaned, sealed and painted.	
	2- (7) " " - Wood Tops on Kens. - Change to a non-wood product.	
	3- (27) Start a "Release Signature" form.	
	4- (30) With Signage - Set up an Isolation area.	
	5- (7) Exercise yards - Dogs are to be hand walked until fencing can be	
	fixed (5'). Areas under gates fixed to prevent escape.	
	6- (7) 3 pens - wood top - Manager knows how to fix to be compliant.	
	Conditionally Approved Contingent upon the above 6 items being addressed.	

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date 6-26-08 Time: 11:00 Am

Peter Shelar
Inspector's Signature

[Time Frame - 6 mos.]

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner