Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐
Courtesy ☑ 2/22/10
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: 35.26919 **W:** 79.58777

LICENSE #: 10412
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☑ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Seven lakes Kennel
OWNER: Jim Dickerson
ADDRESS: 347 Mac Dougell Dr. Seven lakes NC 27376
TELEPHONE: (910) 673-2060
VMO Hunter
COUNTY moore

Number of Primary Enclosures 52 **Animals Present: Dogs** 21 **Cats** 2

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 NA
☑ 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) NA

Transportation
☑ 29. Care in Transit Discussed

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

☑ **APPROVED** ~~☐ CONDITIONALLY APPROVED~~ ☐ **DISAPPROVED** Date: 2-22-10 MB Time: 10:00am

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

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10412
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Seven Lakes Kennels.
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
#7 -	(1) Outside dog kennel #19 - Wire/metal door - broken on bottom Needs to be fixed.	
	(2) Dog kennel under canopy has a crack in concrete - Needs to be sealed.	
	(3) remember to keep a check on rusty hardware & replace as necessary.	

☑ APPROVED ☐ ~~CONDITIONALLY APPROVED~~ ☐ ~~DISAPPROVED~~ Date:_____ Time:_____

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner