NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.20905 W: 81.22874

LICENSE #: 10385
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Pawprint Grooming
OWNER:
ADDRESS: P.O. Box 84, Indianola Springs
TELEPHONE: (830) 982-8695
VMO ☑ COUNTY ☐

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

Number of Primary Enclosures 10 Animals Present: Dogs 1 Cats 10

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
☑ 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
☑ 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

Inspector’s Signature: Amanda Swain
Owner/Authorized Agent’s Signature: Mark Lowell

Date: 9/7/10 Time: 12:55

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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BUSINESS NAME:
OWNER:
ADDRESS:
TELEPHONE: (____) ______-________

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
---|---|---
(25) | Make sure to review PVC and require proof of vaccinations for animals. Records need to be updated. | 

Veterinary Records were not available at time of inspection. Owner stated she received proof that does not retain copy.

☑ APPROVED ☐ DISAPPROVED Date: March 15, 2000 Time: 12:55

Shelley Swan
Inspector’s Signature

Marla Howell
Owner/Authorized Agent’s Signature

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