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: 34° 03' 71" W: 78° 24' 27"

LICENSE #: 10713
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop □ Public Auction □
BUSINESS NAME: Canine Academy - Camp Canine
OWNER: Loretta Puckett
ADDRESS: 1030 Old Ocean Hwy, Bolivia, NC 28422
TELEPHONE: (910) 253-7722
VMO Shelter
COUNTY Brunswick

Number of Primary Enclosures 15 Animals Present: Dogs 14 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
- 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

SPECIAL ITEMS

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

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

Transportation

- 28. Care in Transit Discussed

Veterinary Care

- 29. No Signs of Illness/Treated

☑ APPROVED ☐ DISAPPROVED

Date: 12-20-07 Time: 12:45

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10713
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Clarine Academy - Camp Canine
OWNER: [Redacted]
ADDRESS: [Redacted]
TELEPHONE: (_____ ) _____ -_______

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up</td>
<td>8-20-07 Exercise Room door frames have been replaced with non-wood material - looks good.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Still working on outdoor yard - continue to maintain -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work looks good.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED ☐ DISAPPROVED Date: 12-20-07 Time: 12:45

Patra Shelton
Inspector's Signature

 Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 2 OF 2