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: 35°53'20" W: 82°60'53"

LICENSE #: 20392
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Super Petz
OWNER: Manager: JoHV Houckershiell
ADDRESS: 825 Brevard Rd Asheville NC
TELEPHONE: (828) 665 - 7977
VMO Hunter
COUNTY Buncombe

Number of Primary Enclosures 4 Animals Present: Dogs 0 Cats 3

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
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
24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel)
28. 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

29. Care in Transit Discussed

VETERINARY CARE

30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date 3/29 Time: 4:20

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
#25. Continue to work with Marjorie on getting correct and proper paperwork from her. If proper, return P.O.S. All other paperwork needed, description, vet records and treatment sheets are good.

Explanation of inadequacy (circled items above) and recommendation for compliance:

Date Corrections Must be Completed:

[Signature]

[Name]

[Title]

Date: 4/20

Time: 4:20

Canine Inspector

Owner's Signature

APPROVED

Conditionally Approved

Inspection's Signature

[Signature]