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: 35.65979 W: 82.58199

LICENSE #: 104460
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel X Pet Shop □ Public Auction □
BUSINESS NAME: Blue Ridge Kennes Inc
OWNER: Corbin Tamarie Glaightower
ADDRESS: 308 Stone Road Blvd, Asheville, NC
TELEPHONE: (828) 645-2895
VMO Hunter
COUNTY Buncombe

Number of Primary Enclosures 40 Animals Present: Dogs 9 Cats 1

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

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

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

Dated 2/14/09 Time: 12:50

Owner/Authorized Agent’s Signature

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

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**Item Number** | **Explanation of Inadequacy (circled items above) And Recommendation For Compliance** | **Date Corrections Must Be Completed**
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#7 | Primary enclosures to include A1 and all Lux. Kennels where sheetrock is exposed and baseboard is missing. These areas need to be covered with material impervious to moisture and space between floor and walls need to be sealed. (ASAP) 90 days |  |

**APPROVED.**

**CONDITIONALLY APPROVED**

**DISAPPROVED**

Date: 12/09

Time: 12:50

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Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

Rev. 1/07

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