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: 35.56029 W: 82.48612

LICENSE #: 10397
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Dogwood Kennels
OWNER: Carole Welburn
ADDRESS: 10 Hemphill Rd, Asheville NC 28803
TELEPHONE: (828) 298-5118
VMO Hunter
COUNTY Buncombe

Number of Primary Enclosures 100 Animals Present: Dogs 6 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 X
2. Ventilation & Temp. X
3. Lighting X
4. Ceiling, Wall, Floors X
5. Storage X
6. Water Drainage X

Primary Enclosures
7. Structure & Repair
8. Space
10. Adequate Shelter

SANITATION

11. Waste Disposal X
12. Odor X
13. Ceiling, Wall, Floors X
14. Primary Enclosures X
15. Equipment & Supplies X
16. Washrooms, Sinks, Basins X
17. Insect/Vermin Control X
18. Building & Grounds X

SPECIAL ITEMS

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

HUSBANDRY

19. Adequate Feed/Water X
20. Food Storage X
21. Personnel
22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area X
23. Animals’ Appearance

APPROVED X CONDITIONALLY APPROVED □ DISAPPROVED □

Date: 3/10/10 Time: 9:55

Owner/Authorized Agent’s Signature

Inspector’s Signature

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10397**  
**TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐**  
**BUSINESS NAME:** Dogwood Kennels  
**OWNER:** Cassie Welburn  
**ADDRESS:** 10 Hemphill Rd, Asheville, NC 28803  
**TELEPHONE:** (828) 258-5118

<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>#7</td>
<td>Chainlink in run #12 in outside section needs to be replaced or repaired</td>
<td></td>
</tr>
<tr>
<td>#25</td>
<td>Make sure that all shot records are kept on file at the Facility and all are up to date. All records of shots were noted on kernel cards, but not all had copies from vet.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐**  
**Date:** 3-10-10  
**Time:** 9:55

**Mary Stancil**  
Inspector’s Signature  
**C. Wilson**  
Owner/Authorized Agent’s Signature

**AW-2**  
Rev. 1/07  
White= Office  
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**PAGE 2 OF 2**