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°59'02" W: 82°50'30"

LICENSE #: 10668
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel X Pet Shop □ Public Auction □
BUSINESS NAME: Haw Creek Pet Care
OWNER: Elizabeth Mulvey
ADDRESS: 65 Beverly RD Asheville NC 28805
TELEPHONE: (828) 298 - 8091
VMO Hunter
COUNTY Buncombe

Number of Primary Enclosures 28 Animals Present: Dogs 8 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 X
2. Ventilation & Temp.
3. Lighting
4. Ceiling, Wall, Floors
5. Storage
6. Water Drainage

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

SANITATION

11. Waste Disposal X
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 X
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 X
25. Records/Vet Treatment X
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 X
31. No Signs of Illness/Treated

APPROVED

Inspector's Signature

CONDITIONALLY APPROVED

Date: 12/09 Time: 11:30

Disapproved

Owner/Authorized Agent's Signature

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

PAGE 1 OF 2
**LICENSE #: 10668**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Haw Creek Pet Care  
**OWNER:** Elizabeth Mulvey  
**ADDRESS:** 6S Beverly RD Asheville NC 28805  
**TELEPHONE:** (828) 298-0091

<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>
</table>

All indoor and outdoor runs have been repainted, all records and treatment sheets were in good order, and all gravel in outside play yards looked good.

All Inadequacy Items have been corrected since last inspection. Good job.

**APPROVED**  
**CONDITIONALLY APPROVED**  
**DISAPPROVED**  
**Date:** 12/18/09 **Time:** 11:30

**Inspector's Signature:**  
**Owner/Authorized Agent Signature:**

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

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