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: 35.50501   W: 82.41897

LICENSE #: N/A

TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: HT Country Club for Dogs, LLC
OWNER: Bruce Bales
ADDRESS: 1984 Cane Creek Road, Fletcher, N.C. 28732
TELEPHONE: (828) 628-8510
VMO: Hunter
COUNTY: Buncombe

Number of Primary Enclosures 36   Animals Present: Dogs 21   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
☐ 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

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

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)

Transportation
☐ 29. Care in Transit Discussed

Veterinary Care
☐ 30. Isolation Facility
☐ 31. No Signs of Illness/Treated

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 11/10/20   Time: 12:30

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 #: N/A**
**TYPE FACILITY: Animal Shelter (Private/Public) **
**Business Name: HT Country Club for Dogs, LLC**
**Owner: Bruce Bales**
**Address: 1984 Cape Creek Rd, Fuquay Varina NC**
**Telephone: (336) 678 - 8510**

<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></td>
<td>New owners of facility, same location; boarding and daycare.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Structure of facility - very sound and well maintained</td>
<td></td>
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<tr>
<td></td>
<td>*Primary enclosures - very clean concrete floors, concrete board siding and composite deck boards and gates</td>
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<tr>
<td></td>
<td>All areas of facility are well ventilated, and very well maintained.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Records - description of animals, shot records, treatment sheets, origin, all very organized, and easily accessible.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Very nice facility, keep up the good work!</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**

Inspector's Signature

Owner/Authorized Agent’s Signature

Date: 1/16/0 Time: 12:30

AW-2
Rev. 1/07
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