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: 35.517249 W: 82.53520

LICENSE #: 10587
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel X Pet Shop □ Public Auction □
BUSINESS NAME: Pet Soup Boarding & Grooming
OWNER: Joelle Warren
ADDRESS: 31 Glenridge Ave, Asheville, NC 28803
TELEPHONE: (828) 305-3440
VMO: Hunter
COUNTY: Buncombe

Number of Primary Enclosures 30 Animals Present: Dogs 7 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

RECOMMENDATION

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 2-9-10 Time: 5:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

PAGE 1 OF 2
**License #: 10587**

**Type Facility:** Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐

**Business Name:** Pet Soup Boarding + Grooming

**Owner:** Joelle Warren

**Address:** 31 Glendale Ave, Asheville NC 28803

**Telephone:** (828) 505-3440

<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>#18 - Trash and debris in front of building needs to be cleaned up. Donations that are brought to facility for thrift shop needs to be more organized and away from main entrance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#20 - All food needs to be stored in sealed containers and unopened bags need to be more organized and stored off the floor.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

**Date:** 2/9/10  **Time:** 5:00

**Inspector’s Signature:** [Handwritten]

**Owner/Authorized Agent’s Signature:** [Handwritten]

**AW-2**  **Rev. 1/07**

**White= Office**  **Canary = Inspector**  **Pink = Owner**