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: 35.27744 W: 80.59258

LICENSE #: 10690
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Happy Tails Kennels
OWNER: The Hoy Group LLC - Jonathan Hoy
ADDRESS: 10002 Pioneer Mill Rd, Concord, NC
TELEPHONE: (704) 455-3533
VMO Hunter
COUNTY Cabarrus

Number of Primary Enclosures 45 Animals Present: Dogs 11 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 □ DISAPPROVED □

Date: 3-8-11 Time: 9:55am - 10:43am

Inspector’s Signature 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 #: 10690**

**TYPE FACILITY:** Animal Shelter (Private/Public)  □  Boarding Kennel  □  Pet Shop  □  Public Auction  □

**BUSINESS NAME:** Happy Tails

**OWNER:**

**ADDRESS:**

**TELEPHONE:** (_____) ______ - _______

<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>Previous inspection on 3-4-10 found inadequacies in the following areas: (1) floors (paint needed), (2) kennel gates (replacement needed).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's Inspection: #4: Ceiling, walls, floors: address where paint is peeling in kennels &amp; floors.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#15: Equipment &amp; Supplies: organize all accessories &amp; store in a manner where they are off of kennels &amp; off the ground.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED  □  DISAPPROVED**  

**Date:** 3-8-11  
**Time:** 9:55am - 10:42am

**Inspector's Signature**

**Owner/Authorized Agent’s Signature**

AW-2  
Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner