

Type of Inspection

- New _____
- Annual _____
- Follow-Up _____
- (Prev. Inspection Date)
- Complaint _____
- Courtesy _____
- Random _____

**NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431**

| |
|--|
| INDOOR <input type="checkbox"/> |
| OUTDOOR <input type="checkbox"/> |
| BOTH <input checked="" type="checkbox"/> |

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: W:

LICENSE #: 10261 *JR*
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Nelson's Kennel
 OWNER: Roosevelt Nelson Jr
 ADDRESS: 4415 Arendell ST Morehead City NC 28557
 TELEPHONE: (252) 247-2026
 VMO: Blomquist
 COUNTY: Currituck

Number of Primary Enclosures 53 Animals Present: Dogs 9 Cats 0

**Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable**

- | | | |
|---|--|---|
| <p>STRUCTURE</p> <p><u>Housing Facilities</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Structure & Repair <input checked="" type="checkbox"/> 2. Ventilation & Temp. <input checked="" type="checkbox"/> 3. Lighting <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors <input checked="" type="checkbox"/> 5. Storage <input checked="" type="checkbox"/> 6. Water Drainage <p><u>Primary Enclosures</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 7. Structure & Repair <i>note</i> <input checked="" type="checkbox"/> 8. Space <input checked="" type="checkbox"/> 9. Ventilation & Temp. <input checked="" type="checkbox"/> 10. Adequate Shelter | <p>SANITATION</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 11. Waste Disposal <input checked="" type="checkbox"/> 12. Odor <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors <input checked="" type="checkbox"/> 14. Primary Enclosures <input checked="" type="checkbox"/> 15. Equipment & Supplies <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins <input checked="" type="checkbox"/> 17. Insect/Vermin Control <input checked="" type="checkbox"/> 18. Building & Grounds <p><u>HUSBANDRY</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 19. Adequate Feed/Water <input checked="" type="checkbox"/> 20. Food Storage <input checked="" type="checkbox"/> 21. Personnel <input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area <input checked="" type="checkbox"/> 23. Animals' Appearance | <p>SPECIAL ITEMS</p> <p><u>Records</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 23. Description of Animals <input checked="" type="checkbox"/> 24. Records/Vet Treatment <input checked="" type="checkbox"/> 25. Origin/Disposition <input checked="" type="checkbox"/> 26. Signature (boarding kennel) <input checked="" type="checkbox"/> 27. Written permission from owner for commingling (doggie daycare) <p><u>Transportation</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 28. Care in Transit Discussed <p><u>Veterinary Care</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 28. Isolation Facility <input checked="" type="checkbox"/> 29. No Signs of Illness/Treated |
|---|--|---|

APPROVED DISAPPROVED Date: 8/14/07 Time: 2:20pm

Inspector's Signature: *J. E. Blomquist* Owner/Authorized Agent's Signature: *Roosevelt Nelson Jr*

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

