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° 08.088' W: 78° 94.361'

LICENSE #: 101ff

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

BUSINESS NAME: Animal Fair Boarding Kennel

OWNER: Joseph Gadzia

ADDRESS: 3067 Brass Blvd., Fuquay, NC 27526

TELEPHONE: (919) 847-6411

VMO Sholar

COUNTY Cumberland

Number of Primary Enclosures 13 Act Animals Present: Dogs 9 Cats 1

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)

HUSBANDRY

Transportation
☒ 28. Care in Transit Discussed

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

☐ APPROVED ☒ DISAPPROVED

Date: 7-26-07 Time: 1:30 PM

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
<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>1)</td>
<td>Ceiling in kennel room has a large hole in the sheetrock from a roof leak. Must be repaired to maintain proper temperature control.</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>Lighting should be brighter over kennel run to better observe animals and insure complete cleaning.</td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>Walls in kennels need to be re-painted and cracks where kennel wall and floor meet need to be re-sealed.</td>
<td></td>
</tr>
<tr>
<td>24)</td>
<td>Owner does not have a meds log. Meds log must show name of animal.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of animal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of med</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date and time given</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Initials of person administering med.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keep record for 1 year</td>
<td></td>
</tr>
<tr>
<td>25)</td>
<td>Owner should get a release signature when boarding animals are released.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outside run w/ dirt floor is not being used &amp; pipe has been fixed on 2nd run on left.</td>
<td></td>
</tr>
</tbody>
</table>

Will Re-Inspect in 90 days.

□ APPROVED  X DISAPPROVED  Date: 7-26-07  Time: 1:20 pm

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