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°06'197" W: 79°01'697"

LICENSE #: 10732
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Urban Dog Catsitters
OWNER: Jeanette Baldwin
ADDRESS: 7051-A Cliffdale Rd., Fayetteville, NC 28314
TELEPHONE: (910) 828-3641
VMO Sholar
COUNTY Cumberland

Number of Primary Enclosures 25 Animals Present: Dogs 4 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

☐ 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
☐ 29. Care in Transit Discussed

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

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED

Date 11/3/09 Time: 11:45AM

Inspector’s Signature: Jeanette Baldwin
Owner/Authorized Agent’s Signature: Jeanette Baldwin

Rev. 1/07
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10732**  
**TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □**  
**BUSINESS NAME: Urban Dog Outsiders**  
**OWNER:**  
**ADDRESS:**  
**TELEPHONE:** ____-____  
**Continued:**

<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>Waste Disposal; feces (old) was found in the play yard, kennels and indoor play room.</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Odors were strong from the feces and urine.</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>Floors were dirty from the feces and urine.</td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>Runs were not cleaned today and showed evidence of not being cleaned in more than 1 day.</td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td>Dirty unused food and water bowls were found.</td>
<td>Re-Inspect in 24 hours.</td>
</tr>
<tr>
<td>6)</td>
<td>Indoor and outdoor exercise areas were dirty with feces.</td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td>Dogs and cat needed water.</td>
<td></td>
</tr>
<tr>
<td>8)</td>
<td>Owner’s son was supposed to be responsible for the cleaning of the facility, and care of the dogs and cat – strong evidence to prove he is incapable of performing these tasks.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recommend to the owner to close the business if she cannot get capable personnel to attend to the required duties.</td>
<td></td>
</tr>
</tbody>
</table>

**□ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED**  
**Date: 11/13/09 Time: 11:45 AM**

**Inspector’s Signature:**  
**Owner/Authorized Agent’s Signature:**

**Rev. 1/07**  
**White= Office**  
**Canary= Inspector**  
**Pink= Owner**

**PAGE 2 OF 2**
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: 35.06197 W: 79.01697

LICENSE #: 10732
TYPE FACILITY: Animal Shelter (Private/Public) ☑  Boarding Kennel ☑  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: Urban Dog Outlets
OWNER: Jeannette Balchin
ADDRESS: 7051 A Clingman Rd, Fayetteville, NC 28314
TELEPHONE: (910) 830-3647
VMO: Shelter
COUNTY: Cumberland

Number of Primary Enclosures: 25  Animals Present: Dogs 4  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

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

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

TRANSPORTATION

29. Care in Transit Discussed

VETERINARY CARE

30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED ☒  CONDITIONALLY APPROVED ☐  DISAPPROVED ☐

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

DATE 11/4/07  TIME 11:45 AM

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10732
TYPE FACILITY: Animal Shelter (Private/Public)  ☑ Boarding Kennel  ☑ Pet Shop  ☐ Public Auction  ☐
BUSINESS NAME: Urban Dog Outfitters
OWNER: 
ADDRESS: 
TELEPHONE: (____) ______

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<td></td>
<td>Follow-up from 11/3/09 on Sanitation issues 24 hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There are no sanitation issues today.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today all areas of the Kennel are Clean. The owner's son is still taking care of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kennel but has cleaned all the Kennel and exercise areas indoor &amp; outdoor. The</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dogs and cat had water today and their appearance was good.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussed sanitation practices with the son and advised him on the</td>
<td></td>
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<tr>
<td></td>
<td>importance of maintaining a clean environment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A random inspection will follow at a later date to determine if</td>
<td></td>
</tr>
<tr>
<td></td>
<td>good sanitation practices are being performed.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  Date: 11/4/09  Time: 11:45 AM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 2 OF 2