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°08'08" W: 78°41'04"

LICENSE #: 10114
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Animal Fair Boarding Kennel
OWNER: Joseph Godza
ADDRESS: 3007 Brass Blvd, Fay, NC 28303
TELEPHONE: (910) 867-6411
VMO Shelter
COUNTY Cumberland

Number of Primary Enclosures 20 K9 13 Fel. 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

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

Date: 8-7-08 Time: 12:30 PM

Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

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**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>7)</td>
<td>Outside exercise runs - All rusted pipes must be replaced.</td>
<td>60 days</td>
</tr>
<tr>
<td>9)</td>
<td>Boarding Kennel Area - Indoor Runs - A thermometer is needed to monitor temperatures. Placing at &quot;dog level&quot; gives a more accurate reading for where the dogs are.</td>
<td>1 Week.</td>
</tr>
</tbody>
</table>

Comments:

- Run #14 has now been painted.
- Metal door to the outside runs - Corroded area has been covered.
- The name and street of meds are now on the medical log. Owners should require meds to come in an identified package.

Re-Inspect in 60 days.

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☒ DISAPPROVED  

Date: 8-7-08 Time: 12:30 PM

Inspection's Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

AW-2  
Rev. 1/07  
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PAGE 2 OF 2