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°05'02" W: 78°48'53"

LICENSE #: 10658
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☒ Pet Shop ☒ Public Auction ☒
BUSINESS NAME: Days Inn
OWNER: Aimee Olsen
ADDRESS: 319 Williams St., Fayetteville, NC 28301
TELEPHONE: (910) 4X - 5700
VMO ☒
COUNTY: Cumberland

Number of Primary Enclosures 44
Animals Present: Dogs 71 Cats 5

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 conmmingling (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: 9-22-08 Time: 12:00 PM

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**

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**BUSINESS NAME: Day Days Inn**
**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>1)</td>
<td>Cat Room - Inside of room - door molding is damaged - right side of room - behind door - molding is damaged. All damaged molding must be replaced and painted or owner may use non-wood materials.</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Office door - molding that is damaged - discussed using non-wood materials.</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>Kennel Room - Large dog Kennels - hole in wall must be taken care of - discussed using shower board or polymer.</td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>Dog Care Room - Damaged dividers must be replaced - Owner has material on hand, damaged chain link needs to be repaired - holes - any loose areas. Owner has polymer sheets on hand.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**
Door to dog care room - door frame & wall board is wood damaged - owner is aware of this and is looking at options.

Inspection is Conditionally Approved contingent upon addressing all the above items. If not complete at next inspection, rating will be disapproved.
Re-Inspect in 30 days.

☐ APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED

**Date:** 9/22/08  **Time:** 12:00 PM

**Inspector’s Signature:**

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