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: 34°78'11" W: 77°91'04"

LICENSE #: 10673
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: K9 Camp
OWNER: Dawn Carenough
ADDRESS: 4490 N Hwy 41, Wallace, NC 28466
TELEPHONE: 910-785-7855
VMO □ Owner COUNTY: Duplin

Number of Primary Enclosures 16 Animals Present: Dogs 6 Cats 0

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

STRUCTURE
Housing Facilities

Primary Enclosures

SANITATION
18. Building & Grounds □

SPECIAL ITEMS
Records
27. Signature (boarding kennel) □ 28. Written permission from owner for commingling (doggie daycare) □

HUSBANDRY
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: 8-10-09 Time: 12:30 PM

Owner/Authorized Agent’s Signature

Inspector’s Signature
**LICENSE #: 10673**

**TYPE FACILITY:** Animal Shelter (Private/Public) [X] Boarding Kennel [ ] Pet Shop [ ] Public Auction [ ]

**BUSINESS NAME:** K-9 Camp

**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>27)</td>
<td>Signature Log - Owner has a signature log but has not been using it. Suggested to owner the need to have the log used. Owner should have these items addressed before the next inspection.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Owner has discontinued boarding cats. Owner is creating a second exercise yard. Owner understands there can be no bare dirt. Discussed the need to have food picked up at least twice a day. Also discussed having clients keep rabies vaccines up to date.

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**APPROVED**

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

Date: 10/09 Time: 12:30pm

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

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