

**NCDA&CS, VETERINARY DIVISION  
ANIMAL WELFARE SECTION  
1030 MAIL SERVICE CENTER,  
RALEIGH, NC 27699-1030  
PHONE: 919/715-7111, FAX: 919/733-6431**

INDOOR <input checked="" type="checkbox"/>
OUTDOOR <input type="checkbox"/>
BOTH <input type="checkbox"/>

<b>Type of Inspection</b>
New <input type="checkbox"/>
Annual <input type="checkbox"/>
Follow-Up <input checked="" type="checkbox"/>
(Prev. Inspection Date)
Complaint <input type="checkbox"/>
Courtesy <input type="checkbox"/>
Random <input type="checkbox"/>

**ENTERED**

**ANIMAL WELFARE INSPECTION**

GPS Coordinates - N: 35 94803 W: 78 83491

LICENSE #: 17809  
 TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction   
 BUSINESS NAME: Dog Academy of NC  
 OWNER: Michael Ward  
 ADDRESS: 1715 Stowe Rd Durham NC  
 TELEPHONE: (919) 645-7853  
 VMO: Huster  
 COUNTY: Durham

Number of Primary Enclosures 4 Animals Present: Dogs 2 Cats 0

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

**STRUCTURE**

**SANITATION**

**SPECIAL ITEMS**

- Housing Facilities**
- 1. Structure & Repair
  - 2. Ventilation & Temp.
  - 3. Lighting
  - 4. Ceiling, Wall, Floors
  - 5. Storage
  - 6. Water Drainage

- 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

- 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)

- Primary Enclosures**
- 7. Structure & Repair
  - 8. Space
  - 9. Ventilation & Temp.
  - 10. Adequate Shelter

- 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: 4/2/10 Time: 2:55pm

J.E. [Signature]  
 Inspector's Signature

[Signature]  
 Owner/Authorized Agent's Signature

AW-2  
 Rev. 1/07

White= Office                      Canary= Inspector                      Pink= Owner