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° 9' 47.5" W: 78° 54' 9.1"

LICENSE #: 10809
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Nuga Academy of NC, Inc.
OWNER: 
ADDRESS: 1213 Lake Rd., Nu-Lake NC
TELEPHONE: (919) 299-4029
VMO: Hunter
COUNTY: Nu-Lake

Number of Primary Enclosures 4 Animals Present: Dogs 3 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

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

Records
☐ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☐ 26. Signature (boarding kennel)
☐ 27. Written permission from owner for commingling (doggie daycare)

Transportation
☐ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

Date: 1/20/10 Time: 9:45 AM

DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

□ APPROVED

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

PAGE 1 OF 2
### Animal Welfare Inspection Continuation Page

**License #: 10809**  
**Type Facility:** Animal Shelter (Private/Public)  
**Business Name:** Dog Academy  
**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>This is a follow up inspection on the last inspection on 8/29/09. I addressed a couple of issues.</td>
<td></td>
</tr>
<tr>
<td>#18</td>
<td>The door leading into the building still needs to be covered. The owner is in the process of completing the remaining common area. The owner is in the process of renovating another building.</td>
<td></td>
</tr>
</tbody>
</table>

This Facility is utilized for training dogs. There are normally only one or two dogs boarded overnight and these dogs are being trained.  
I am conditionally approving this facility today and will return once the common is completed.

**Approved**  
**Conditionally Approved**  
**Disapproved**

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

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AW-2  
Rev. 1/07  
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