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°19′6″ W: 81°12′5″

LICENSE #: 10316
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: K-9 Country Club
OWNER: Renee Hamby
ADDRESS: 3831 Beatty Rd, Gastonia
TELEPHONE: (704) 864-6201
VMO Swaim
COUNTY Gaston

Number of Primary Enclosures 59 Animals Present: Dogs 20 Cats 16

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

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

SPECIAL ITEMS

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

☑ APPROVED ☐ DISAPPROVED

Date: Oct 4, 2007
Time: 09:54

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**

**LICENSE #: 10316**

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

**BUSINESS NAME:** K-9 Country Club

**OWNER:** CONT.

**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>First Kennel building end 2 outside Kennel - Main support post is rusted and broken off exposing sharp jagged edges which could cause injury - Replace or repair fencing. <strong>Completed at Time Nov 1, 2007 of Inspection</strong></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>First Six kennels on 2 outside and first 5 kennels on 2 inside are reinforced with wire panels that are rusted and difficult to sanitize. Replace these panels Nov 1, 2007</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Glass on left side of facility need to be mowed. <strong>Completed at Time of Inspection</strong></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tarp covering end of kennel run at end of 2nd building on 2 is tattered and within reach of dogs. Replace tarp <strong>Completed Nov 1, 2007</strong></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Need tx sheet which shall include name of medication - dosage - concentration - date - time - and initials <strong>Completed at Time of Inspection</strong></td>
<td></td>
</tr>
</tbody>
</table>

- **APPROVED**
- **DISAPPROVED**

**Date:** Oct 4, 2007 **Time:** 09:54

**Inspector's Signature:** Shelly J. Swaim

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

**AW-2**

**Rev. 1/07**

**White= Office**

**Canary= Inspector**

**Pink= Owner**

**PAGE 2 OF 2**