

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

INDOOR
 OUTDOOR
 BOTH

Type of Inspection
 New 3-30-10
 Annual
 Follow-Up
 (Prev. Inspection Date)
 Complaint
 Courtesy
 Random

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: W:

LICENSE #: 10881
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Dog Trotters Doggy Day Care & Boarding, LLC
 OWNER: Michael Rabayda & Jacquelin Lyon
 ADDRESS: 50 Comm Park Ln. Angier NC
 TELEPHONE: (919) 267-0306
 VMO: Hunter
 COUNTY: Marrett

Number of Primary Enclosures 10 Animals Present: Dogs 0 Cats 0

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

- | | | |
|---|--|---|
| <p>STRUCTURE</p> <p><u>Housing Facilities</u></p> <p><input checked="" type="checkbox"/> 1. Structure & Repair
 <input checked="" type="checkbox"/> 2. Ventilation & Temp.
 <input checked="" type="checkbox"/> 3. Lighting
 <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors
 <input checked="" type="checkbox"/> 5. Storage
 <input checked="" type="checkbox"/> 6. Water Drainage</p> <p><u>Primary Enclosures</u></p> <p><input checked="" type="checkbox"/> 7. Structure & Repair
 <input checked="" type="checkbox"/> 8. Space
 <input checked="" type="checkbox"/> 9. Ventilation & Temp.
 <input checked="" type="checkbox"/> 10. Adequate Shelter</p> | <p>SANITATION</p> <p><input checked="" type="checkbox"/> 11. Waste Disposal
 <input checked="" type="checkbox"/> 12. Odor
 <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors
 <input checked="" type="checkbox"/> 14. Primary Enclosures
 <input checked="" type="checkbox"/> 15. Equipment & Supplies
 <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins
 <input checked="" type="checkbox"/> 17. Insect/Vermin Control
 <input checked="" type="checkbox"/> 18. Building & Grounds</p> <p><u>HUSBANDRY</u></p> <p><input checked="" type="checkbox"/> 19. Adequate Feed/Water
 <input checked="" type="checkbox"/> 20. Food Storage
 <input checked="" type="checkbox"/> 21. Personnel
 <input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
 <input checked="" type="checkbox"/> 23. Animals' Appearance</p> | <p>SPECIAL ITEMS</p> <p><u>Records</u></p> <p><input checked="" type="checkbox"/> 24. Description of Animals
 <input checked="" type="checkbox"/> 25. Records/Vet Treatment
 <input checked="" type="checkbox"/> 26. Origin/Disposition
 <input checked="" type="checkbox"/> 27. Signature (boarding kennel)
 <input checked="" type="checkbox"/> 28. Written permission from owner for commingling (doggy daycare)</p> <p><u>Transportation</u></p> <p><input checked="" type="checkbox"/> 29. Care in Transit Discussed</p> <p><u>Veterinary Care</u></p> <p><input checked="" type="checkbox"/> 30. Isolation Facility
 <input checked="" type="checkbox"/> 31. No Signs of Illness/Treated</p> |
|---|--|---|

APPROVED ~~CONDITIONALLY APPROVED~~ DISAPPROVED
 Date: 3-30-10 Time: 10:30am
 Inspector's Signature: [Signature] Owner/Authorized Agent's Signature: [Signature]

New facility

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Dog Trotters Doggy Day Care + Boarding, LLC
OWNER: _____
ADDRESS: (CONT)
TELEPHONE: () -

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Inspection today is for new facility opening. Everything is adequate. License request + P/C is in office. Facility is ok to issue license & begin operation.	

APPROVED ~~CONDITIONALLY APPROVED~~ ~~DISAPPROVED~~
Inspector's Signature: _____ Owner/Authorized Agent's Signature: _____
Date: 3-30-10 Time: 10:30am