

NCDA&CS, VETERINARY DIVISION

1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030

PHONE: 919/733-7601, FAX: 919/733-2277

INDOOR
OUTDOOR
BOTH

Type of Inspection

- New
Annual
Follow-Up _____
(Prev. Inspection Date)
Complaint
Courtesy
Random

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 28.385 W: 00.295

QBSP Number - - - - -

BUSINESS NAME: HAYWOOD CO ANIMAL SHELTER LICENSE #: _____
OWNER: JOHN M HAZZARD / RICK HONEYCUTT CO MGR
ADDRESS: 245 HEMLOCK ST WAYNESVILLE NC 28786
TELEPHONE: (828) 456-5338 VMO _____ COUNTY HAYWOOD
TYPE FACILITY: Animal Shelter Boarding Kennel Dealer Pet Shop Public Auction
Number of Primary Enclosures 53 Animals Present: Dogs 27 Cats 24
21 dog / 32 cat

Inspector: Mark "X" in box, if adequate. Circle 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
 9. Ventilation & Temp.
 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. Animals' Appearance

SPECIAL ITEMS

- Records
 23. Description of Animals
 24. Records/Vet Treatment
 25. Origin/Disposition
N/A Signature (boarding kennel)
Transportation
N/A Care in Transit Discussed
Veterinary Care
 28. Isolation Facility
 29. No Signs of Illness/
Treated

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
①	SIDE YARD DOOR - REPLACE THRESHOLD	
②	GUTTERS - NEED TO BE CLEANED OUT - TREE IN SIDE YARD - CUT BACK	
③	MANY OF THE KENNEL FLOOR SURFACES ERODED TO BARE CONCRETE - NEEDS TO BE RE-SURFACED	
EBI ONLY METHOD - STAFF DOES AN EXCELLENT JOB AT THIS FACILITY!! -		
COULD USE MORE KENNEL SPACE AND KENNEL PERSONNEL		

APPROVED DISAPPROVED Date: 7-6-06 Time: 8:21

Veterinarian: _____ Telephone: _____
Shelley Swain Inspector's Signature [Signature] Owner/Authorized Agent's Signature