

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

NCDA&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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.48837 W: 82.95116

LICENSE #: 10126
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Rahama Kennel and Cattery
 OWNER: Leslie Denman
 ADDRESS: 394 Underwood Cove Waynesville NC. 28786
 TELEPHONE: (828) 452-2176
 VMO Hunter
 COUNTY Haywood

Number of Primary Enclosures 39 Animals Present: Dogs 6 Cats 3

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
- 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. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- 23. Animals' Appearance

SPECIAL ITEMS

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)

Transportation

- 29. Care in Transit Discussed

Veterinary Care

- 30. Isolation Facility
- 31. No Signs of Illness/Treated

APPROVED CONDITIONALLY APPROVED DISAPPROVED

Date: 2/9/09 Time: 1:00

Gay Stoney
 Inspector's Signature
 AW-2
 Rev. 1/07
 White= Office
 Canary= Inspector

Leslie Denman
 Owner/Authorized Agent's Signature
 Pink= Owner

