

Type of Inspection
 New
 Annual 2010
 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

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.02781 W: 79.34666

LICENSE #: 10628
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Five Points Pet Resort
 OWNER: Candice Brock
 ADDRESS: 1495 Montrose Rd., Raxford, NC 28376
 TELEPHONE: (910) 904-5787
 VMO Sholar
 COUNTY Hoke

Number of Primary Enclosures 82 Animals Present: Dogs 75 Cats 15

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

STRUCTURE

SANITATION

SPECIAL ITEMS

Housing Facilities

- 1. Structure & Repair
- 2. Ventilation & Temp.
- 3. Lighting
- 4. Ceiling, Wall, Floors
- 5. Storage
- 6. Water Drainage

- 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

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)

Primary Enclosures

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

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

Transportation

- 29. Care in Transit Discussed

Veterinary Care

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

APPROVED CONDITIONALLY APPROVED DISAPPROVED

Date: 9/11/09 Time: 12:30

Brian Sholar
 Inspector's Signature

Candice Brock
 Owner/Authorized Agent's Signature

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Five Points Pet Resort
 OWNER: _____
 ADDRESS: _____ Cont.
 TELEPHONE: () - -

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
<u>Comments:</u>		
	<u>A new 'pawsidental suite' has been created in the room the owner used for an office. Discussed with owner to continue the work to encase all electrical cords in a dog proof manner. This applies to both suites.</u>	
	<u>Cat Room - discussed with owner the upcoming need to re-apply a sealant to the fronts of the cat condos.</u>	
	<u>Kennels are in good repair, grounds are clean and neat, records are in order. Advised owner to maintain med. records for 2 years.</u>	
	<u>Temperatures are in range in all areas.</u>	
	<u>No sign of illness noted.</u>	
	<u>Advised owner to remove wood table from cat room.</u>	

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date 9/11/09 Time: 12:30

Edm. Shelton _____
 Inspector's Signature Owner/Authorized Agent's Signature