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: 35.47208 W: 86.87377

LICENSE #: 10600
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Canine Castle
OWNER: Colleen Mandle
ADDRESS: 18920 Statesville Rd (family)
TELEPHONE: (704) 846-6770
VMO □
COUNTY □

Number of Primary Enclosures 16 Animals Present: Dogs 11 Cats

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: July 9, 2009 Time: 12:19

Inspector’s Signature:

Owner/Authorized Agent’s Signature:

AW-2
Rev. 1/07
White = Office
Canary = Inspector
Pink = Owner

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:**

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

**BUSINESS NAME:** Canine Castle

**OWNER:**

**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>22</td>
<td>Maintain 1:10 ratio personnel to dogs</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Color Markings lacking from description add color/Marking S</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>No signature on release done</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**

**Owner/Authorized Agent’s Signature**

Shelley Swaim

**Inspector’s Signature**

Olivia Simon

**Date:** 7/19

**Time:** 2:19

AW-2

Rev. 1/07

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