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: 35.26919 W: 79.68747

LICENSE #: 10412
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Seven Lakes Kennels
OWNER: Jim Dickerson
ADDRESS: 347 MacDougall Dr. Seven Lakes, NC 27370
TELEPHONE: (910) 473-7000
VMO: Hunter
COUNTY: Moore

Number of Primary Enclosures 52
Animals Present: Dogs 40 Cats 1

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

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)

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

☑ APPROVED
☐ CONDITIONALLY APPROVED
☐ DISAPPROVED

Date: 10-11-10 Time: 10:30am

Owner/Authorized Agent’s Signature

Aw-2
Rev. 1/07

Inspector’s Signature

Canary= Inspector

White= Office

Pink= Owner

PAGE OF
LICENSE #: 104122

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

**BUSINESS NAME:** Seven Lakes Kennels

**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>Lost Inspection 2-22-10:</td>
<td>* Fix broken chain link wire</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Seal Cracks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Reseal rusted hardware.</td>
<td></td>
</tr>
<tr>
<td>Todays Inspection:</td>
<td>* No inadequacies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Broken chain link has been replaced. Owner is also currently replacing chain link gates.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Cracks in concrete have been resealed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Rusted hardware on gates are being resealed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temperature is 74°.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paperwork is in order.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** □ **DISAPPROVED**

Date: 10-11-10

Time: 10:30AM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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PAGE 2 OF 2