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: 34° 54' 51" W: 77° 44' 39"

LICENSE #: 10740
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel X Pet Shop □ Public Auction □
BUSINESS NAME: Hush Puppies Bed & Biscuit
OWNER: V.k. Barret
ADDRESS: 1849 NC 172, Snows Ferry, NC 28460
TELEPHONE: (910) 327-3644
VMO
COUNTY

Number of Primary Enclosures 10 Animals Present: Dogs 5 Cats 0

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
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)

HUSBANDRY
28. Care in Transit Discussed

Transportation
28. Isolation Facility
29. No Signs of Illness/Treated

Veterinary Care

APPROVED □ DISAPPROVED

Date: 11-20-07
Time: 3:45 pm

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**LICENSE #:**

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

**BUSINESS NAME:** Noah Puppies Bed & Biscuit

**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>17)</td>
<td>Needs fly control - Sanitation appears okay - Maintain good sanitation to have good fly control.</td>
<td></td>
</tr>
<tr>
<td>28)</td>
<td>Isolation Room - Needs shower board or some type of material on walls that is impervious to moisture.</td>
<td></td>
</tr>
</tbody>
</table>

Records are in order. Remember to make sure dogs are up to date on vaccinations throughout boarding stay.

**APPROVED**  □ **DISAPPROVED**  

**Date:** 11.20.07  **Time:** 3:45 PM

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

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

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