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: 35.98775 W: 79.06427

LICENSE #: 10878
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Green Valley Farms
OWNER: Canary Eugene
ADDRESS: 6416 Alaxedo Rd - Chapel Hill NC
TELEPHONE: (919) 967-9048
VMO K6NQ4UG
COUNTY Orange

Number of Primary Enclosures 60 Animals Present: Dogs 6 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 - L.P. 5, D. C.
☐ 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: 9/6/07 Time: 11:40

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE ___ OF ___
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10572**  
**TYPE FACILITY: Animal Shelter (Private/Public)** □ Boarding Kennel □ Pet Shop □ Public Auction □  
**BUSINESS NAME: Green Valley Farms**  
**OWNER:** Cindy Ryker  
**ADDRESS:** 6116 Alexander Dr. Chapel Hill NC  
**TELEPHONE:** (919) 967-7348

<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></td>
<td>I performed a follow-up inspection on today's date.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some of the issues that were addressed on the last inspection have been corrected. However, there are still issues that need addressing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The ceiling still needs cleaning (cobwebs).</td>
<td></td>
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<tr>
<td></td>
<td>Some urinal equipment still present but looks to be fine.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The play area still needs gravel and the land at the back needs to be covered in the play area.</td>
<td></td>
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<tr>
<td></td>
<td>The temp was 80°.</td>
<td></td>
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<tr>
<td></td>
<td>Discussed the listing of medications on forms.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I will return in 30 days to see if the above issues are being corrected.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I am disapproving this facility today, however if improvements continue, I will approve this facility.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☒ DISAPPROVED  

Date: 9/6/07  
Time: 11:40 AM

Inspector's Signature:  
Owner/Authorized Agent’s Signature:

White= Office  
Canary= Inspector  
Pink= Owner

AW-2  
Rev. 1/07  
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