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: 35.88835 W: 79.22916

LICENSE #: 10440
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Doggie Spa & Daycare
OWNER: Kirk Parody
ADDRESS: 1101 Jaaco Rd. Chapel Hill NC 27516
TELEPHONE: (919) 932-4728
VMO Hunter
COUNTY Orange

Number of Primary Enclosures 48 Animals Present: Dogs 35 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

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
☒ 24. Description of Animals
☒ 25. Records/Vet Treatment
☒ 26. Origin/Disposition
☐ 27. Signature (boarding kennel)
☒ 28. Written permission from owner for commingling (doggie daycare)

Transportation
☐ Care in Transit Discussed

Veterinary Care
☐ 30. Isolation Facility
☐ 31. No Signs of Illness/Treated

☑ APPROVED ☐ DISAPPROVED

INSPECTOR’S SIGNATURE

DATE: 8-4-14

OWNER/AUTHORIZED AGENT’S SIGNATURE

PINK= Owner
WHITE= Office
CANARY= Inspector

PAGE 1 OF 2
**License #: L40**
**Type Facility:** Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐

**Business Name:** Doggie Spa & Daycare

**Address:** 1460 E. Dawson Rd., Chapel Hill, NC 27514

**Telephone:** (919) 932-4728

<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>#23</td>
<td>Ventilation: Increase ventilation or change filters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility is clean &amp; odor free at time of inspection with no apparent signs of disease or illness.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All records are on sight &amp; to AWA Standards.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  ☐ DISAPPROVED  Date: 8-4-14  Time: 

**Inspector's Signature:**

**Owner/Authorized Agent's Signature:**

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

PAGE 2 OF 2