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: 79.06429

LICENSE #: 10378
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Greene Valley Farms
OWNER: Crayt Pugaws
ADDRESS: 6416 Amelina Dr, Chapel Hill NC
TELEPHONE: (919) 967-9048
VMO ☐
COUNTY Orange ☐

Number of Primary Enclosures 60 Animals Present: Dogs 0 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. ≤ 65 °
☐ 3. Lighting
☐ 4. Ceiling, Wall, Floors
☐ 5. Storage
☐ 6. Water Drainage

Primary Enclosures
☐ 7. Structure & Repair
☐ 8. Space
☐ 9. Ventilation & Temp. ≤ 65 °
☐ 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
☐ 29. Care in Transit Discussed

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

Date: 4/4/07 Time: 11:50 a.m.

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

White= Office Canary= Inspector Pink= Owner

PAGE 1 OF 2

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10325**
**TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □**
**BUSINESS NAME: Greene Valley Farms**
**OWNER: Cindy Burg**
**ADDRESS: 6416 Alexander Dr, Chapel Hill NC**
**TELEPHONE: (919) 967-9048**

<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>#1 Need to continue sealing the Kennel Floor. I observed some new cracks that need sealing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>On the last inspection I addressed the issue, there was no vet treatment sheets kept at the facility. The facility now is keeping treatment information at the kennel.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>On today's inspection (2) Two Orange County Animal Services employees accompanied me. This inspection reveals all facilities within Orange County are required to have a permit to operate. The county is preparing a report in reference to their inspection. This includes animal shelters, boarding kennels and pet shops.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I am conditionally approving this facility today. The owner is making an effort to bring this facility into compliance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>On today's inspection there were no dogs being bonded.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED**

**Inspector's Signature: J.E. Burg**
**Owner/Authorized Agent's Signature: [Signature]**

**Rev. 1/07**

White = Office
Canary = Inspector
Pink = Owner

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