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: 34.33138 W: 77.75345

LICENSE #: 1051
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ✗ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Scotts Hill Pet Resort
OWNER: John D. Gertz
ADDRESS: 11201 US Hwy 17 N, Wilmington, NC 28411
TELEPHONE: (910) 686-1903
VMO Sholar
COUNTY Hender

Number of Primary Enclosures 45 Animals Present: Dogs 12 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
29. Care in Transit Discussed

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

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date 9/3/09 Time: 1:00 PM

Inspector’s Signature

Owner/Authorized Agent’s Signature

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
### Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
--- | --- | ---

**Comments:**

- Temperature is 68° in the Kennel area at 12:30.
- Outdoor Exercise Runs show little use - grass growing through the gravel.
- Owner plans to spray grass killer. Owner stated these runs are rarely used.
- Owner is continuing to maintain the medical log.
- Kennels and yard are clean of feces.

---

☑ APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  

Date: 9/13/09  Time: 1:00pm

---

Inspector's Signature: [Signature]

Owner/Authorized Agent's Signature: [Signature]

---

White: Office  
Canary: Inspector  
Pink: Owner