Type of Inspection
New □ _____
Annual ☒ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint □ _____
Courtesy □ _____
Random □ _____

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR □
OUTDOOR □
BOTH ☒

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.813911 **W:** 79.791216

LICENSE #: 10209
TYPE FACILITY: Animal Shelter (Private/Public) □ **Boarding Kennel** □ **Pet Shop** □ **Public Auction** □
BUSINESS NAME: GREENES BOARDING & GROOMING
OWNER: 613 E BROWN ST RANDLEMAN
ADDRESS:
TELEPHONE: (336) 498-7721
VMO HUNTER
COUNTY RANDOLPH

Number of Primary Enclosures 26 **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.
☒ 3. Lighting
☒ 4. Ceiling, Wall, Floors
☒ 5. Storage
☒ 6. Water Drainage

Primary Enclosures
☒ 7. Structure & Repair
☒ 8. Space
☒ 9. Ventilation & Temp.
☒ 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
~~N/A~~ Animals' Appearance

SPECIAL ITEMS

Records
☒ 23. Description of Animals
□ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
☒ 26. Signature (boarding kennel)
~~N/A~~ 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: JAN 9, 2008 Time: 09:00

Shelley J. Swann
Inspector's Signature

Joey Nance
Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 10209
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: GREENES BOARDING & GROOMING
OWNER: CONT.
ADDRESS: _____
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(24)	NO TREATMENT SHEET NEED RECORD OF VETERINARY CARE PROVIDED WHILE BOARDING WHICH SHALL INCLUDE DESCRIPTION OF MEDICATION, NAME, DOSAGE, DATE, TIME AND INITIALS Tx SHEET COMPLETED DURING INSPECTION SK	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 1-9-08 Time: 09:00

Shelley J. Swan
Inspector's Signature

Joey Nance
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner