

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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.81045 W: 79.75895

LICENSE #: 10770
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: ALMOST HOME KENNEL
 OWNER: _____
 ADDRESS: 3666 BETHANY CHURCH RD
 TELEPHONE: (386) 498-4803
 VMO: HUNTER
 COUNTY: RAYDOLPH

Number of Primary Enclosures 22 Animals Present: Dogs 5 Cats 1

**Inspector: Mark "X" in each box, if adequate.
 Circle each item number, if inadequate.
 Use NA if not applicable**

- | | | |
|---|---|--|
| <p>STRUCTURE</p> <p><u>Housing Facilities</u></p> <p><input checked="" type="checkbox"/> 1. Structure & Repair
 <input checked="" type="checkbox"/> 2. Ventilation & Temp.
 <input checked="" type="checkbox"/> 3. Lighting
 <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors
 <input checked="" type="checkbox"/> 5. Storage
 <input checked="" type="checkbox"/> 6. Water Drainage</p> <p><u>Primary Enclosures</u></p> <p><input checked="" type="checkbox"/> 7. Structure & Repair
 <input checked="" type="checkbox"/> 8. Space
 <input checked="" type="checkbox"/> 9. Ventilation & Temp.
 <input checked="" type="checkbox"/> 10. Adequate Shelter</p> | <p>SANITATION</p> <p><input checked="" type="checkbox"/> 11. Waste Disposal
 <input checked="" type="checkbox"/> 12. Odor
 <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors
 <input checked="" type="checkbox"/> 14. Primary Enclosures
 <input checked="" type="checkbox"/> 15. Equipment & Supplies
 <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins
 <input checked="" type="checkbox"/> 17. Insect/Vermin Control
 <input checked="" type="checkbox"/> 18. Building & Grounds</p> <p><u>HUSBANDRY</u></p> <p><input type="checkbox"/> 19. Adequate Feed/Water
 <input checked="" type="checkbox"/> 20. Food Storage
 <input checked="" type="checkbox"/> 21. Personnel
 <input checked="" type="checkbox"/> 22 Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
 <input checked="" type="checkbox"/> 23. Animals' Appearance</p> | <p>SPECIAL ITEMS</p> <p><u>Records</u></p> <p><input checked="" type="checkbox"/> 24. Description of Animals
 <input checked="" type="checkbox"/> 25. Records/Vet Treatment
 <input checked="" type="checkbox"/> 26. Origin/Disposition
 <input checked="" type="checkbox"/> 27. Signature (boarding kennel)
 <input checked="" type="checkbox"/> 28 Written permission from owner for commingling (doggie daycare)</p> <p><u>Transportation</u></p> <p><input checked="" type="checkbox"/> 29. Care in Transit Discussed</p> <p><u>Veterinary Care</u></p> <p><input checked="" type="checkbox"/> 30. Isolation Facility
 <input checked="" type="checkbox"/> 31. No Signs of Illness/Treated</p> |
|---|---|--|

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 9/3/09 Time: 09:32

Sherry Swain Inspector's Signature J. Bowen Owner/Authorized Agent's Signature

