

Entered

Type of Inspection
 New _____
 Annual _____
 Follow-Up _____
 (Prev. Inspection Date)
 Complaint _____
 Courtesy _____
 Random 2412-10

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: 35.83659 W: 79.60437

LICENSE #: 52
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Happy Hills Animal Foundation
 OWNER: _____
 ADDRESS: 3143 Happy Hills Rd. Staley NC
 TELEPHONE: (336) 622-3620
 VMO: Hunter
 COUNTY: Randolph

Number of Primary Enclosures 30 Animals Present: Dogs 15 Cats 2

**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> <ul style="list-style-type: none"> <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><u>Primary Enclosures</u></p> <ul style="list-style-type: none"> <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>SANITATION</p> <ul style="list-style-type: none"> <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 type="checkbox"/> 15. Equipment & Supplies <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins <input checked="" type="checkbox"/> 17. Insect/Vermin Control <input type="checkbox"/> 18. Building & Grounds <p><u>HUSBANDRY</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 19. Adequate Feed/Water <input checked="" type="checkbox"/> 20. Food Storage <input checked="" type="checkbox"/> 21. Personnel <input 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>SPECIAL ITEMS</p> <p><u>Records</u></p> <ul style="list-style-type: none"> <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 type="checkbox"/> 28. Written permission from owner for commingling (doggie daycare) <p><u>Transportation</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 29. Care in Transit Discussed <p><u>Veterinary Care</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 30. Isolation Facility <input checked="" type="checkbox"/> 31. No Signs of Illness/
Treated
4-12-10 |
|---|---|--|

APPROVED ~~CONDITIONALLY APPROVED~~ DISAPPROVED Date: _____ Time: 12:00 pm

E. J. [Signature] [Signature] Cheryl Routh
 Inspector's Signature Owner/Authorized Agent's Signature

AW-2
 Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner

