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: __________ W: __________

LICENSE #: 10725
TYPE FACILITY: Animal Shelter (Private/Public) □ BoardingKennel □ Pet Shop □ Public Auction □
BUSINESS NAME: The Dog Wash Boarding Kennel
OWNER:
ADDRESS: 1034 Jordan Pet Ramasse
TELEPHONE:________________________
VMO
COUNTY

Number of Primary Enclosures ________ Animals Present: Dogs ________ Cats ________

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
□ 23. Description of Animals
□ 24. Records/Vet Treatment
□ 25. Origin/Disposition
□ 26. Signature (boarding kennel)
□ 27. 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: April 12, 2007 Time: 09:30

Inspector’s Signature

Owner/Authorized Agent’s Signature

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:**

**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet-Shop □ Public Auction □

**BUSINESS NAME:** The Dog Wash & Boarding Kennel

**OWNER:**

**ADDRESS:**

**TELEPHONE:** (-)

<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>Space with Betty Grimes (Grandma) This facility is no longer boarding.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It is strictly grooming = Demot wish to retain license.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED**

**INSPECTOR'S SIGNATURE**

**OWNER/AUTHORIZED AGENT'S SIGNATURE**

**DATE:** 2/12/09 **TIME:** 9:30

**REV. 1.07**

**WHITE = OFFICE**

**CANARY = INSPECTOR**

**PINK = OWNER**

**PAGE ** OF **