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: 25° 37' 08.3" W: 81° 44' 17.7"

LICENSE #: 104589
TYPE FACILITY: Animal Shelter (Private/Public)  BOARDING KENNEL  PET SHOP  PUBLIC AUCTION
BUSINESS NAME: EARTH AGE PET SPA
OWNER: CAROL VOYLES
ADDRESS: 287 RAILROAD AVE RUTHERFORD

TELEPHONE: (828) 748-5409
VMO KUNTER
COUNTY KUTHERFORD

Number of Primary Enclosures 10  Animals Present: Dogs 4  Cats 1

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

Inspector’s Signature  Owner/Authorized Agent’s Signature

Date: 11/21/19  Time: 12:00

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

PAGE 1 OF
LICENSE #: 10789
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: EARTH DOG PET SPA
OWNER: 
ADDRESS: 
TELEPHONE: (____)____-________

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
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All Inadequacies Have Been Addressed

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 12/24/07 Time: 12:00
Inspector’s Signature
Owner/Authorized Agent’s Signature

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