

Type of Inspection
 New
 Annual 7-7-10
 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: 35.14573 W: 80.20677

LICENSE #: 10574
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Janina's Pet Spa + Boarding
 OWNER: Janina Narolowski
 ADDRESS: 907 S. Oak Ridge Rd. Oakshoro NC
 TELEPHONE: (704) 485-4000
 VMO Hunter
 COUNTY Stanley

Number of Primary Enclosures 35 Animals Present: Dogs 16 Cats 0

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

STRUCTURE

SANITATION

SPECIAL ITEMS

Housing Facilities

- 1. Structure & Repair
- 2. Ventilation & Temp.
- 3. Lighting
- 4. Ceiling, Wall, Floors
- 5. Storage
- 6. Water Drainage

- 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

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)

Primary Enclosures

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

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

Transportation

- 29. Care in Transit Discussed

Veterinary Care

- 30. Isolation Facility
- 31. No Signs of Illness/Treated

APPROVED ~~CONDITIONALLY APPROVED~~ DISAPPROVED

Date: 7-7-10 Time: 12:21 pm.

E. Sarner
 Inspector's Signature

P. Yankie Nankie
 Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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OWNER: _____

ADDRESS: _____

TELEPHONE: () - - _____

(CONT)

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Last inspection 12/2/09: No inadequacies	
	Today's inspection: - Temperature is in range @ inspection. No inadequacies noted today.	

APPROVED

~~CONDITIONALLY APPROVED~~ DISAPPROVED

Date: 11-11-10 Time: 12:21pm

E. Danner
Inspector's Signature

Yaelene Navale
Owner/Authorized Agent's Signature