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: 35.00393  W: 80.71595

LICENSE #: ______
TYPE FACILITY: Animal Shelter (Private/Public) ☐  Boarding Kennel ☐  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: Van House Bed And Biscuit
OWNER: ______
ADDRESS: 5814 DEER RD MATHEWS 28104
TELEPHONE: (704) 827-6588
VMO ______
COUNTY Union

Number of Primary Enclosures 18  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/Vermir Control
☐ 18. Building & Grounds

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)

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
☐ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

☐ APPROVED  ☐ DISAPPROVED

Date: Jan 14, 2009  Time: 13:59

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 
TYPE FACILITY: Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop  □ Public Auction  □
BUSINESS NAME:  
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>0 1</td>
<td>Repair fencing as needed and maintain</td>
<td></td>
</tr>
<tr>
<td>0 2</td>
<td>Improve drainage at back of kennel</td>
<td></td>
</tr>
<tr>
<td>0 3</td>
<td>Repaint/paint all kennel area floors</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  Date: 4/6/9  Time: 8:57

Inspector’s Signature  Owner/Authorized Agent’s Signature

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

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