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° 90299 W: 78° 66216

LICENSE #: 10791
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Ardendale Farm Kennel
OWNER: Wade E. Tipton
ADDRESS: 18016 Snakehead Trl Raleigh, NC
TELEPHONE: (919) 849-0787
VMO Hunter
COUNTY Wake

Number of Primary Enclosures 137
Animals Present: Dogs 90 Cats 5

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 □

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) □

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: 7/30/22 Time: 3:32 PM

Inspector’s Signature: Candice Dean
Owner/Authorized Agent’s Signature

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

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

**LICENSE #: 1027**

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

**BUSINESS NAME:** Arkdale Farm 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>#7</td>
<td>Need to continue sealing the cracks in the Kennel.</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>Make sure wood is covered in the outside play yard, the doorknobs need to be covered.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Everything else looks good.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED ☑ DISAPPROVED ☐**  

**Date:** __________  **Time:** __________

**Inspector’s Signature:**  

**Owner/Authorized Agent’s Signature:**

**Approved by:**  

**Rev. 1/87**

**AW-2**  

**White= Office**  

**Canary= Inspector**  

**Pink= Owner**  

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