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°37'03" W: 77°9'53.87"

LICENSE #: 107666
TYPE FACILITY: Animal Shelter (Private/Public) √ Boarding Kennel √ Pet Shop □ Public Auction □
BUSINESS NAME: 3 Dog Nite Pet Resort & Spa
OWNER: Ketelinn Murphy
ADDRESS: 104 Smith Berkley Blvd., Goldsboro, NC 27534
TELEPHONE: (919) 777-4495
VMO Shelter
COUNTY Wayne

Number of Primary Enclosures 13 Animals Present: Dogs 3 Cats 0

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

Date: 12/12/08 Time: 1:30 pm

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 #: 10768
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: 3 Dog Nite Pet Resort & Spa
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>Follow-up from 8.11.08</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Items addressed:

1. The enclosures with damaged shower board have all been address. The owner has applied a cement product to the walls and it is in good repair at this time. A metal angle piece has been laid on the corners to prevent chewing and scratching.

Comment:

The inside of one enclosure door has damaged shower board and the owner is aware of this and plans to have this addressed before next inspection.

Owner is looking at other materials for capping the play area walls.

Facility is clean, records are in order.

☑ APPROVED   □ CONDITIONALLY APPROVED   □ DISAPPROVED  

Inspector’s Signature: [Signature]
Date: 8.11.08 Time: 1:30pm

Owner/Authorized Agent’s Signature: [Signature]

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

PAGE 2 OF 2