

Type of Inspection
 New _____
 Annual _____
 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: 36.06445 W: 79.41729

LICENSE #: 10814
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: The Yankee Doodle Pet
 OWNER: _____
 ADDRESS: 2335 Haffner Mill Rd
 TELEPHONE: (336) 954-2547
 VMO Hunter
 COUNTY Guilford
 Number of Primary Enclosures 18 Animals Present: Dogs 7 Cats 2

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

- | | | |
|---|--|--|
| <p>STRUCTURE</p> <p><u>1</u> Housing Facilities</p> <p><input checked="" type="checkbox"/> 1. Structure & Repair
 <input checked="" type="checkbox"/> 2. Ventilation & Temp.
 <input checked="" type="checkbox"/> 3. Lighting
 <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors
 <input checked="" type="checkbox"/> 5. Storage
 <input checked="" type="checkbox"/> 6. Water Drainage</p> <p>Primary Enclosures</p> <p><input type="checkbox"/> 7. Structure & Repair
 <input checked="" type="checkbox"/> 8. Space
 <input checked="" type="checkbox"/> 9. Ventilation & Temp.
 <input checked="" type="checkbox"/> 10. Adequate Shelter</p> | <p>SANITATION</p> <p><input checked="" type="checkbox"/> 11. Waste Disposal
 <input checked="" type="checkbox"/> 12. Odor
 <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors
 <input checked="" type="checkbox"/> 14. Primary Enclosures
 <input checked="" type="checkbox"/> 15. Equipment & Supplies
 <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins
 <input checked="" type="checkbox"/> 17. Insect/Vermin Control
 <input checked="" type="checkbox"/> 18. Building & Grounds</p> <p>HUSBANDRY</p> <p><input checked="" type="checkbox"/> 19. Adequate Feed/Water
 <input checked="" type="checkbox"/> 20. Food Storage
 <input checked="" type="checkbox"/> 21. Personnel
 <input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
 <input checked="" type="checkbox"/> 23. Animals' Appearance</p> | <p>SPECIAL ITEMS</p> <p>Records</p> <p><input checked="" type="checkbox"/> 24. Description of Animals
 <input checked="" type="checkbox"/> 25. Records/Vet Treatment
 <input checked="" type="checkbox"/> 26. Origin/Disposition
 <input checked="" type="checkbox"/> 27. Signature (boarding kennel)
 <input checked="" type="checkbox"/> 28. Written permission from owner for commingling (doggie daycare)</p> <p>Transportation</p> <p><input checked="" type="checkbox"/> 29. Care in Transit Discussed</p> <p>Veterinary Care</p> <p><input checked="" type="checkbox"/> 30. Isolation Facility
 <input checked="" type="checkbox"/> 31. No Signs of Illness/Treated</p> |
|---|--|--|

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 7/9/10 Time: 11:42

Sherry Swain Inspector's Signature My Sun Owner/Authorized Agent's Signature

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

