

CDA&CS, VETERINARY DIVISIC  
ANIMAL WELFARE SECTION  
1030 MAIL SERVICE CENTER,  
RALEIGH, NC 27699-1030  
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR   
OUTDOOR   
BOTH

ENTERED  
11-9-10

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.46156 W: 80.85349

LICENSE #: 10646

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

BUSINESS NAME: Camp Waggin Tails

OWNER: Sylvia Benson

ADDRESS: 10835 Bailey Rd. Cornelius NC

TELEPHONE: (704) 895-8444

VMO Hunter

COUNTY Mecklenburg

Number of Primary Enclosures 99 Animals Present: Dogs 75 Cats 2

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

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

APPROVED     ~~CONDITIONALLY APPROVED~~     DISAPPROVED    Date: 11-9-10 Time: 2:37pm

E. Danner  
Inspector's Signature

J. Linda Wood  
Owner/Authorized Agent's Signature

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

