Type of Inspection
New X
Annual ☐
Follow-Up
(Prev. Inspection Date)
Complaint ☐
Courtesy ☐
Random ☐

CDA&CS, VETERINARY DIVISIO
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: 36.26167 W: 76.29998

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Daisy's Pet Services
OWNER: Julie P. Goss
ADDRESS: US Highway 17 South Elizabeth City NC 27909
TELEPHONE: (252) 264-9929
VMO Hunter
COUNTY Pasquotank

Number of Primary Enclosures 1 Animals Present: Dogs 0 Cats 0

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

STRUCTURE

Housing Facilities
- X 1. Structure & Repair
- X 2. Ventilation & Temp.
- X 3. Lighting
- X 4. Ceiling, Wall, Floors
- X 5. Storage
- X 6. Water Drainage

Primary Enclosures
- X 7. Structure & Repair
- X 8. Space
- X 9. Ventilation & Temp.
- X 10. Adequate Shelter

SANITATION

- X 11. Waste Disposal
- X 12. Odor
- X 13. Ceiling, Wall, Floors
- X 14. Primary Enclosures
- X 15. Equipment & Supplies
- X 16. Washrooms, Sinks, Basins
- X 17. Insect/Vermin Control
- X 18. Building & Grounds

HUSBANDRY
- X 19. Adequate Feed/Water
- X 20. Food Storage
- X 21. Personnel
- X 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- X 23. Animals' Appearance

SPECIAL ITEMS

Records
- X 24. Description of Animals
- X 25. Records/Vet Treatment
- X 26. Origin/Disposition
- X 27. Signature (boarding kennel)
- X 28. Written permission from owner for commingling (doggie daycare)

Transportation
- X 29. Care in Transit Discussed

Veterinary Care
- X 30. Isolation Facility
- X 31. No Signs of Illness/ Treated

X APPROVED ☐ DISAPPROVED Date: 2/21/11 Time: 1:15pm

Inspector's Signature — Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Daisys Pet Services
OWNER: _____
ADDRESS: _____
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	This is a new daycare, The Facility does not board cats or dogs overnight.	
	The Facility will have one common area in the Facility.	
	There are a couple of inadequacies that need to be addressed.	
	1) The area consist of (2) sheet rock walls. The walls need to be covered with a material that be cleaned and sanitized.	
	2) There will be (1) one outdoor common area. There is 6" of gravel in that area. The owner is going to finish covering the remainder with 6" of gravel.	
	The Facility will not be adminstrating any medications. and will not be housing any dogs overnight.	
	Once the paperwork is recieved Daisy's can be issued a license.	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 2/21/11 Time: 1:30pm

Inspector's Signature **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner