**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°45’01” W: 79°37’07”**

**LICENSE #: 106278**
**TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □**
**BUSINESS NAME: Pet Shear Delight**
**OWNER: Sabrina Vaca**
**ADDRESS: 4955 S. NC Hwy 87; Graham**
**TELEPHONE: (336) 374-1542**
**VMO Hunter**
**COUNTY Harnett**

**Number of Primary Enclosures 30**

Animals Present: Dogs □ Cats □

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

### STRUCTURE

<table>
<thead>
<tr>
<th>Housing Facilities</th>
<th>Sanitation</th>
<th>Special Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Structure &amp; Repair</td>
<td>Waste Disposal</td>
<td>Records</td>
</tr>
<tr>
<td>2. Ventilation &amp; Temp.</td>
<td>Odor</td>
<td>Description of Animals</td>
</tr>
<tr>
<td>3. Lighting</td>
<td>Ceiling, Wall, Floors</td>
<td>Records/Vet Treatment</td>
</tr>
<tr>
<td>4. Ceiling, Wall, Floors</td>
<td>Primary Enclosures</td>
<td>Origin/Disposition</td>
</tr>
<tr>
<td>5. Storage</td>
<td>Equipment &amp; Supplies</td>
<td>Signature (boarding kennel)</td>
</tr>
<tr>
<td>6. Water Drainage</td>
<td>Waste Disposal</td>
<td>Written permission from owner for commingling (doggie daycare)</td>
</tr>
</tbody>
</table>

### PRIMARY ENCLOSURES

| 10. Adequate Shelter | Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area | 31. Veterinary Care |

Approved □ Disapproved □

Date: 4-6-11  Time: 12:30pm - 1:15pm

Owner/Authorized Agent’s Signature

Inspector’s Signature

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
**LICENSE #: 10278**

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

**BUSINESS NAME:** Pet Shear Delight

**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></td>
<td>Previous inspection performed 1-21-10 by Joe Blomquist.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's Inspection No Inadequacies</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>(Currently does not do much business with boarding. She would like to continue to stay licensed)</em></td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** □ DISAPPROVED □

**Date:** 4-18-11 **Time:** 12:30-1:55pm

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

**PAGE 2 OF 2**