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: 36°09'21" W: 79°35'11"

LICENSE #: 10525
TYPE FACILITY: Animal Shelter (Private/Public) ✗ Boarding Kennel ✗ Pet Shop ✗ Public Auction
BUSINESS NAME: Pampered Pet Grooming
OWNER: Robin Shepard
ADDRESS: 118 S. State St. Ann River NC
TELEPHONE: (336) 518-0635
VMO Hunter
COUNTY Entrace

Number of Primary Enclosures 40 Animals Present: Dogs 2 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
2. Structure & Repair ✗
3. Space
5. 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

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

CONDITIOANLALLY APPROVED

DISAPPROVED

Date: 12/14/09 Time: 9:15AM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**NCDA&CS, VETERINARY DIVISION**  
**ANIMAL WELFARE SECTION,**  
**1030 MAIL SERVICE CENTER,**  
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**PHONE: 919/715-7111, FAX: 919/733-6431**

**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10573**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Pampered Pets  
**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>#1</td>
<td>Seal Concrete in Kennel Hallway</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>Repair jellied door on 1st Kennel on the left</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>Working on painting the Kennel Wall</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>Repair the molding in the Cat Room</td>
<td></td>
</tr>
<tr>
<td>#18</td>
<td>Need to replace tile that fell on 12/9/09, Ms. Shepard will take care of removing the tree. There is no danger to the dogs where the tree fell.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  

**Inspector’s Signature**  

**Conditionally Approved**  

**Owner/Authorized Agent’s Signature**  

**Disapproved**

**Date: 12/9/09**

**Time: 9:28 AM**

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

**PAGE 2 OF 2**