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°9'56.1" W: 79°37'07.1"

LICENSE #: 10278
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Pets Silver Delight
OWNER: Sabrina Vogel
ADDRESS: 4955 C. NC 87 Graham NC
TELEPHONE: (336) 376 - 1847
VMO
COUNTY

Number of Primary Enclosures: 30           Animals Present: Dogs 1  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
☑ 7. Structure & Repair
☑ 8. Space
☒ 10. 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

SPECIAL ITEMS
Records
☑ 24. Description of Animals
☑ 25. Records/Vct 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  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED

Date: 11/18/10  Time: 7:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10278
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐

BUSINESS NAME: Pet's Shear Delight
OWNER: 
ADDRESS: 
TELEPHONE: (____) ______ - ________

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td># 7</td>
<td>Need to still cover wood post inside kennel.</td>
</tr>
<tr>
<td># 7</td>
<td>Need to perform wire patrol.</td>
</tr>
</tbody>
</table>

# APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 4/4/10 Time: 9:05 AM

Inspector's Signature

Owner/Authorized Agent’s Signature

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