ANIMAL WELFARE INSPECTION

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: 36.20405 - W: 81.22874

LICENSE #: 10855
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: AlcoPrint Grooming
OWNER:
ADDRESS: A.O. Box 97 Mendel, Springville
TELEPHONE: (336) 917-3097 - Call 336-982-2495
VMO Hunter
COUNTY Ashe

Number of Primary Enclosures: 10
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/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

☑ MARKED "X" in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable.

☐ APPROVED ☐ DISAPPROVED
Date: May 31, 2011 Time: 0900

Inspector's Signature

Owner/Authorized Agent's Signature

Shelley J. Spain

May 2, 2011

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ANIMAL WELFARE INSPECTION CONTINUTION PAGE

<table>
<thead>
<tr>
<th>LICENSE #:</th>
<th>TYPE FACILITY: Animal Shelter (Private/Public)</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
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</thead>
<tbody>
<tr>
<td>☐ Make sure all records are available for inspection at all times</td>
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<td></td>
<td>Responds were not on property for origi</td>
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</tbody>
</table>

☑ APPROVED ☐ DISAPPROVED  
Date: May 31, 2014  Time: 00:00

Shelley J. Davis  
Owner/Authorized Agent’s Signature

Mark L. Powell

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

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