

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

NCDA&CS, VETERINARY DIVISION
 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: W:

LICENSE #: 10654
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Aunt SIS's Place for dogs
 OWNER: Esther White
 ADDRESS: 142 Berry Road Banner Elk NC
 TELEPHONE: (822) 898-5949
 VMO: monitt
 COUNTY: Avery

Number of Primary Enclosures 15 Animals Present: Dogs 13 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
 - 9. Ventilation & Temp.
 - 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**
- 23. Description of Animals
 - 24. Records/Vet Treatment
 - 25. Origin/Disposition
 - 26. Signature (boarding kennel)
 - 27. Written permission from owner for commingling (doggie daycare)

- Transportation**
- 28. Care in Transit Discussed

- Veterinary Care**
- 28. Isolation Facility
 - 29. No Signs of Illness/Treated

APPROVED DISAPPROVED

Date: 10/20/19 Time: 12:00 pm

[Signature]
 Inspector's Signature

[Signature]
 Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	<p align="center">Good Job She has a great clean place here keep up the good work</p>	

APPROVED DISAPPROVED Date: 10/22/07 Time: 12:00pm

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