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: 35.50278 W: 77.08627

LICENSE #: 18846
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Chocowinity Pet Resort and Day Camp
OWNER: Dr. Christine Boardt
ADDRESS: 89 Maple Court Chocowinity, NC 27817
TELEPHONE: (252) 940-1234
VMO: Shelter
COUNTY: Beaufort

Number of Primary Enclosures ≤ 6 Animals Present: Dogs 13 Cats 4

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

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)

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

Transportation

29. Care in Transit Discussed

Veterinary Care

30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 12/15/09 Time: 3:30 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
LICENSE #: 10846

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

BUSINESS NAME: Chowinity Pet Resort and Day Camp

OWNER:
ADDRESS: Cont.
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>Items addressed since 6/9/09 licensing inspection.</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>The wood/fabric cat tree has been replaced with one that is sanitary.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>All food is stored in covered containers.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>A compliance form has been created.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>The strength of prescription medications and the initials of the person administering the medication are now on the medical log.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Item to address:</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Outdoor exercise yards - Owner needs to address all areas around the gazebo that have destroyed the grass and there is now bare dirt. Discussed adding pavers, gravel or installing astroturf in areas that are hard to maintain good grass. Owner is aware of an area that is caving in under the fence and plans to correct that area.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kennel is clean, odor free, records are in order.</td>
<td></td>
</tr>
</tbody>
</table>

Item 5) should be addressed before the next inspection.

APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  Date: 12/5/09  Time: 2:30pm

Inspector’s Signature

Owner/Authorized Agent’s Signature