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: 35.90059 W: 78.45641

LICENSE #: 92
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Cat Tails Cat Adoption Services
OWNER: Trish Kelly
ADDRESS: 6622 Beach Dr, Ocean Isle, NC 28469
TELEPHONE: (910) 253-1375
VMO Hunter
COUNTY Brunswick

Number of Primary Enclosures 35 Animals Present: Dogs 0 Cats 35

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

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 ☑
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 ☑

VETERINARY CARE

29. Care in Transit Discussed ☑
30. Isolation Facility ☑
31. No Signs of Illness/Treated ☑

TRANSPORTATION

29. Care in Transit Discussed ☑
30. Isolation Facility ☑
31. No Signs of Illness/Treated ☑

APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Inspector’s Signature

Date: 4/8 Time: 11:00am

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
<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>Follow-up from 1/24/11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Items Address:</td>
<td></td>
</tr>
<tr>
<td>1. Room 2</td>
<td>The scratched, damaged window sills/frames have all been replaced with plastic (PVC) material.</td>
<td></td>
</tr>
<tr>
<td>2. Room 4</td>
<td>3 small areas of drywall have been addressed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All items have been addressed and no problems noted today.</td>
<td></td>
</tr>
</tbody>
</table>

**Approved**

**Date:** 4/8/11  **Time:** 11:00 AM

**Inspector's Signature:**

**Owner/Authorized Agent's Signature:**

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

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