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: 34.04074   W: 78.32750

LICENSE #: 10764
TYPE FACILITY: Animal Shelter (Private/Public) ☒  Boarding Kennel ☐  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: Wag'nTails Pet Boarding
OWNER: Tracey Simpson
ADDRESS: 1403 Mokotoka Rd, Supply, NC 28462
TELEPHONE: (910) 755 - 5333
VMO ☒  Shelter
COUNTY ☐ Brunswick

Number of Primary Enclosures 15 K-9 Runs  Animals Present: Dogs 5  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 ☒

SPECIAL ITEMS

Records
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

29. Care in Transit Discussed ☐

Transportation

Veterinary Care

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

APPROVED ☒  CONDITIONALLY APPROVED ☐  DISAPPROVED ☐

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

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

Date: 10/16/09  Time: 11:15 AM

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10764**

**TYPE FACILITY:** Animal Shelter (Private/Public)  
☒ Boarding Kennel  ☐ Pet Shop  ☐ Public Auction

**BUSINESS NAME:** Wag'n Tails Pet Boarding

**OWNER:**

**ADDRESS:**

**TELEPHONE:** (___) _____-______

**Comments:**

- New gates have been installed on all the inside runs.
- Kennel is very clean, odor free, all records are in order.
- Discussed keeping the damaged areas sealed when necessary in the inside runs.

<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>
</table>

- APPROVED  ☒  CONDITIONALLY APPROVED  ☐  DISAPPROVED  Date: 01/16/09 Time: 11:15 AM

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

**AW-2**

**Rev. 1/07**

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