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: 36.73310  W: 81.70802

LICENSE #: 10192
TYPE FACILITY: Animal Shelter (Private/Public) □  Boarding Kennel X  Pet Shop □  Public Auction □
BUSINESS NAME: Pet Parlor
OWNER: Margie Bain
ADDRESS: 807 W. Fleming Drive, Morganton, N.C.
TELEPHONE: (828) 438-4239
VMO Hunter
COUNTY Burke

Number of Primary Enclosures 25  Animals Present: Dogs 3  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 X
2. Ventilation & Temp.
3. Lighting
4. Ceiling, Wall, Floors
5. Storage X
6. Water Drainage

Primary Enclosures
7. Structure & Repair
8. Space X
10. Adequate Shelter X

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

RECORDS

24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Written permission from owner for commingling (doggie daycare)

TRANSPORTATION

28. Care in Transit Discussed

VETERINARY CARE

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

APPROVED X
CONDITIONALLY APPROVED  □  DISAPPROVED □

Date: 4/12/20  Time: 5:30

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2  Rev. 1/07
White = Office  Canary = Inspector  Pink = Owner
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 10193  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Pet Parlor  
**OWNER:** Maggie Bain  
**ADDRESS:** 805 W. Heming Dr. Morganton, NC  
**TELEPHONE:** (828) 438-4239

<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>#14</td>
<td>Exercise yard directly out back door and yard at bottom of steps needs to be free of hair, hair is building up around chainlink and around steps when cleaning is in process.</td>
<td></td>
</tr>
<tr>
<td>#27</td>
<td>Need to have a sign-out sheet in place at all times for customers.</td>
<td></td>
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</tbody>
</table>

**APPROVED**  
**Conditionally Approved**  
**Disapproved**

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**Inspector's Signature:**

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

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

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