ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35°38'6" W: 80°51'27"

LICENSE #: [0551]
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Pampered Pets Grooming
OWNER: 2010 WISHIRE COURT CONCORD
ADDRESS: Mailing:
TELEPHONE: (704) 784-5606
VMO Hunter
COUNTY Cabarrus

Number of Primary Enclosures 20 Animals Present: Dogs 4 Cats 3

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
☒ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☐ 26. Signature (boarding kennel)
☐ 28. Written permission from owner for commingling (doggie daycare)

Transportation
☐ 28. Care in Transit Discussed

VETERINARY CARE

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

APPROVED ☐ DISAPPROVED

Date: Feb 20, 2008 Time: 13:00

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
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 CONTINUATION PAGE

LICENSE #: (1050) 
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Pampered Pets Grooming
OWNER:
ADDRESS:
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>(87)</td>
<td>Add time and initials of person administering treatments to treatment records - done at time of inspection</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ DISAPPROVED  
Date: __________ Time: ________

[Inspector’s Signature] [Owner/Authorized Agent’s Signature]

White= Office  Canary= Inspector  Pink= Owner

PAGE ___ OF ___