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° 34' 10.63" W: 80° 41' 28.94"

LICENSE #: 123456
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Camp Bow Wow of Concord, NC
OWNER: Cassie Skeel
ADDRESS: 8010 Main St, Suite #110, Concord NC
TELEPHONE: (704) 260-0055
VMO Hunter
COUNTY Cabarrus

Number of Primary Enclosures: 10
Animals Present: Dogs 24  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

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 ☐

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) ☐

TRANSPORTATION
29. Care in Transit Discussed ☐

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

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Inspector’s Signature:

Date: 03/10 Time: 01:30 am

Owner/Authorized Agent’s Signature:

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 108100
TYPE FACILITY: Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop  □ Public Auction  □
BUSINESS NAME: Camp Bow Wow of Oxford (CONT) (NC)
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></td>
<td>last inspection 5-3-10: No inadequacies</td>
<td></td>
</tr>
<tr>
<td>#22</td>
<td>Commingling Doggie Daycare Ratio’s must be 1:10 staff pet every 10 dogs</td>
<td></td>
</tr>
<tr>
<td>#27</td>
<td>Sign-out Signature Sheet needed for any boarding animal being picked up</td>
<td></td>
</tr>
</tbody>
</table>

Approved: ____________________________  Conditionally Approved: ____________________________  Disapproved: ____________________________

Date: 4-13-10  Time: 11:33am

Inspector’s Signature: ____________________________  Owner/Authorized Agent’s Signature: ____________________________

White= Office  Canary= Inspector  Pink= Owner

AW-2 Rev. 1/07