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: 35.30/116 W: 80 ° 6/18\textdegree

LICENSE #: 16147
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☑ Pet Shop □ Public Auction □
BUSINESS NAME: Wyler's Kennels
OWNER: 1621 Rembrandt Dr
ADDRESS: 1621 Rembrandt Dr
TELEPHONE: (704) 455-5520
VMO Hunter
COUNTY Harnett

Number of Primary Enclosures _______ Animals Present: Dogs _______ Cats _______

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

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

SPECIAL ITEMS

Record
☐ 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

Date: 5/18/2018 Time: 13:00

Inspector’s Signature
Shelley Swain

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 #:** 1047  
**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □  
**BUSINESS NAME:** Carolina Kernels  
**OWNER:**  
**ADDRESS:** 1621 Rembroke Rd  
**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>A ceiling in process of being repaired or replaced. Will be completed by March 31, 2009. Will conduct annual inspection at that time.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
**CONDITIONALLY APPROVED** □ **DISAPPROVED**  
**INSPECTOR’S SIGNATURE:**  
**DATE:** 3/1/09  
**TIME:** 13:00  
**OWNER/AUTHORIZED AGENT’S SIGNATURE:**

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