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: 35.09246 W: 78.95500

LICENSE #: 20153
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Agun Name Pet Center
OWNER: Joseph Spong
ADDRESS: 4937 Brier Bluff Way, NC 28305
TELEPHONE: (910) 828-3292
VMO Cumberland
COUNTY Cumberland

Number of Primary Enclosures 16 Animals Present: Dogs 12 Cats 7

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

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

Date: 11/10/10 Time: 4:03 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
<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>3)</td>
<td>Lighting - Isolation Room - Lighting in this room is so inadequate that it is difficult to see the condition of any animal being housed in this room. Increase lighting in this room.</td>
<td></td>
</tr>
<tr>
<td>19)</td>
<td>One Pitt puppy did not have any water.</td>
<td></td>
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<tr>
<td>23)</td>
<td>Three Pitt puppies had very swollen bellies - Records indicated one worm treatment. Records did not show a follow-up treatment. One Husky/Pit X puppy has severely bowed front legs. This puppy was housed in the dimly lit isolation cage room. Indication of lack of proper nutrition and light. Three Kittens obtained on 10/29/10 have swollen, matted eyes - no record of treatment. A Blenheim Doghead-Doi 6/21/10 has not been vaccinated for Rabies. All dogs and cats 4 months old must be given Rabies vaccine.</td>
<td></td>
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<td>25) 31)</td>
<td>Refer to Comments on 23.</td>
<td></td>
</tr>
<tr>
<td>30)</td>
<td>Refer to Comments on 3.</td>
<td></td>
</tr>
<tr>
<td>31)</td>
<td>Refer to Comments on 23.</td>
<td></td>
</tr>
</tbody>
</table>

Items on 23) Then must be proof of vet. (one on all) thin animals within 48 hours. 
Husk / Pit pup. must be housed in a better lighted environment in 24 hours. Lack of light is detrimental to an animal's health. 

Animal Services Officers: A Pendleton, A. Cagnadry, Detective Policies (CSO) will investigate health of animals, Rabies vaccination compliance.

Pendleton

AW-2

Rev. 1/07

White = Office

Inspector's Signature: A. Pendleton

Canary = Inspector

Owner/Authorized Agent's Signature: A. Pendleton

Pink = Owner

Date: 11/10/02
Time: 4:05 PM