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°6’8073 W: 80°28609

LICENSE #: 10570
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: (All Country Kitties)
OWNER: Gena Cook
ADDRESS: 252 Lucky Lane Alexandria
TELEPHONE: (334) 798-3190
VMO Davidson
COUNTY Davidson

Number of Primary Enclosures 14 Animals Present: Dogs 2 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

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

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

Transportation
☐ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

APPROVED ☒ DISAPPROVED ☐

Date: 12/8/2008 Time: 11:15

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
LICENSE #: 10510  
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐  
BUSINESS NAME: All Country Critters  
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>0</td>
<td>bare dirt areas as common areas &lt;br&gt;add gravel and maintain depth of 6 inches</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Re-caulk / re-seal floor, wall joints &lt;br&gt;as needed and maintain</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>all open food shall be stored in sealed containers</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐  
Date: 10/16  Time: 11:17  
Inspector’s Signature: [Signature]  
Owner/Authorized Agent’s Signature: [Signature]  
White= Office  Canary= Inspector  Pink= Owner