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: 35.91772 W: 80.31516

LICENSE #: 10785
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Glenda’s Grooming and Boarding
OWNER: Glendausic
ADDRESS: 729 Shady Lane Rd. Lexington
TELEPHONE: (336) 731-3728
VMO Hunter
COUNTY Davidson

Number of Primary Enclosures 20 Animals Present: Dogs 9 Cats 8

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: Dec 2, 2008 Time: 12:19

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 4
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10785

TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Henderson Grooming and Boarding
OWNER:
ADDRESS: Cott
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>5.5</td>
<td>Declutter and organize storage areas and accessories</td>
<td></td>
</tr>
<tr>
<td>6.0</td>
<td>Store all open feed in sealed containers</td>
<td></td>
</tr>
<tr>
<td>93.9</td>
<td>Make sure animal descriptions are complete on records</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* 10 more kennels have been completed</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 2/16 Time: 2:19

Shelley J. Simon
Inspector’s Signature

Dundie Nessic
Owner/Authorized Agent’s Signature

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

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