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: 35.97482   W: 80.22401

LICENSE #: 101889
TYPE FACILITY: Animal Shelter (Private/Public)  BOARDING KENNEL Pet Shop  PUBLIC AUCTION
BUSINESS NAME: Legacy Kennels, Inc
OWNER: John Doe
ADDRESS: 1430 Humble Rd, Winston Salem
TELEPHONE: (334) 744-1828
VMO  August
COUNTY Davidson

Number of Primary Enclosures 134  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

SPECIAL ITEMS

Records
19. Description of Animals
20. Records/Vet Treatment
21. Origin/Disposition
22. Signature (boarding kennel)
23. Written permission from owner for commingling (doggie daycare)

HUSBANDRY
24. Adequate Feed/Water
25. Food Storage
26. Personnel
27. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area

28. Animals’ Appearance

HUSBANDRY

TRANSPORTATION

29. Care in Transit Discussed

VETERINARY CARE

30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED  DISAPPROVED

Date: April 2008  Time: 9:55

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2  Rev. 1/07
White= Office  Canary= Inspector  Pink= Owner
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10287
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Legacy Kennels Inc
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>Repairs to gates/hammock has been completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Damaged doggy doors have been replaced</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cracked or metal/pvc primary enclosures - board as needed and maintain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kennels at backside are constructed of wood that is sized - several doors are damaged from chewing and scratching - replace damaged doors with materials that are impervious to moisture</td>
<td></td>
</tr>
</tbody>
</table>

X APPROVED
☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 8/15/16 Time: 9:55

Inspector’s Signature: Shelly L. Barnes

Owner/Authorized Agent’s Signature:

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