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° 900 07 W: 80° 06815

LICENSE #: 10363
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: thomasville pet center
OWNER: ☐
ADDRESS: 712 Brookdale Dr, Thomasville
TELEPHONE: (336) 476-5050
VMO ☐
COUNTY (Randolph)

Number of Primary Enclosures 74 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 ☐ Could not verify
☐ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☐ 26. Signature (boarding kennel)
☐ 27. Written permission from owner for commingling (doggie daycare)

HUSBANDRHY

☐ 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 6, 2004
Time: 12:55

Approver: Jennifer A. Nettles
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 #: 10363**

**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

**BUSINESS NAME:** Thomasville Pet Center

**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>Wood an outside primary enclosures replaced as needed so as not becomes damaged with material impervious</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** □ CONDITIONALLY APPROVED □ DISAPPROVED  

Date: 9/10/08 Time: 3:55

**Inspector’s Signature:** Shelley J. Swain  

**Owner/Authorized Agent’s Signature:** Jennifer N. Altom

**AW-2**  
Rev. 1/07  
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PAGE 2 OF 2