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: 85.11944  W: 81.15658

LICENSE #: 10492X
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Bubbles and Bows
OWNER:
ADDRESS: 115 Freedom Mill Rd
TELEPHONE: (704) 960-9098
VMO Hunter
COUNTY Catawba

Number of Primary Enclosures 12 Animals Present: Dogs 1 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

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 ☑

INFORMATION
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: 6/10 Time: 13:34

Inspector’s Signature
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 #: 10498
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: BUBBLES AND BOWS
OWNER: CONT
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><strong>NO INADEQUACIES NOTED AT THIS INSPECTION</strong></td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED  Date: 3/4/10  Time: 13:34

INSPECTOR’S SIGNATURE: 

OWNER/AUTHORIZED AGENT’S SIGNATURE: 

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

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