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: 35.38945 W: 81.20819

LICENSE #: 106712
TYPE FACILITY: Animal Shelter (Private/Public) [X] Boarding Kennel [ ] Pet Shop [ ] Public Auction [ ]
BUSINESS NAME: First Class Kennels
OWNER: [ ]
ADDRESS: 701 S Lincoln St, Dallas
TELEPHONE: (704) 912-1551
VMO [X] COUNT [X]

Gaston

Number of Primary Enclosures 56 Animals Present: Dogs 8 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. [X] Structure & Repair
2. [X] Ventilation & Temp.
3. [X] Lighting
4. [X] Ceiling, Wall, Floors
5. [X] Storage
6. [X] Water Drainage

Primary Enclosures
7. [X] Structure & Repair
8. [X] Space
10. [X] Adequate Shelter

SANITATION

11. [X] Waste Disposal
12. [X] Odor
13. [X] Ceiling, Wall, Floors
14. [X] Primary Enclosures
15. [X] Equipment & Supplies
16. [X] Washrooms, Sinks, Basins
17. [X] Insect/Vermin Control
18. [X] Building & Grounds

SPECIAL ITEMS

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

HUSBANDRY

19. [X] Adequate Feed/Water
20. [X] Food Storage
21. [X] Personnel
22. [X] Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
23. [X] Animals’ Appearance

Transportation

20. [X] Care in Transit Discussed

Veterinary Care

21. [X] Isolation Facility
22. [X] No Signs of Illness/Treated

[ ] APPROVED [ ] CONDITIONALLY APPROVED [ ] DISAPPROVED

Date: 3/30/10 Time: 15:36

Inspector’s Signature

Owner/Authorized Agent’s Signature

PAGE 1 OF 2

AW-2 Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
### Animal Welfare Inspection Continuation Page

**License #:** 10672  
**Type Facility:** Animal Shelter (Private/Public)  
**Business Name:** First Class Kennels  
**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>7</td>
<td>Outside enclosures were rusted at metal frames in some areas making sanitation difficult - sand and repaint rusted areas</td>
<td></td>
</tr>
</tbody>
</table>

No other inadequacies noted at this inspection. Nice facility. Good job here!

**Approved**  
**Inspector's Signature:**  
**Owner/Authorized Agent's Signature:**  

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

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