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: 35.19902 W: 81.24128

LICENSE #: 10498
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: BUBBLES AND BOWS
OWNER:
ADDRESS: 1115 FREEDOM MILL RD CRESTVIEW
TELEPHONE: (704) 866-9098
VMO HUNTER
COUNTY CASHIEN

Number of Primary Enclosures: 12 Animals Present: Dogs: 1 Cats: 6

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

Records
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

Inspector’s Signature
Owner/Authorized Agent’s Signature

Date: 5/28/08 Time: 3:20

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: IC498
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: BUBBLES AND BOGS
OWNER: 
ADDRESS: CONT
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>13</td>
<td>Food &amp; Hair on floors and in some primary enclosures - Increase cleaning frequency.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Swimming pool for dogs - Make sure water is changed and pool is sanitized as daily.</td>
<td></td>
</tr>
</tbody>
</table>

Approved ☑ Conditionally Approved ☐ Disapproved ☐ Date: 10/08 Time: 12:20

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

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