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 #: 106-72
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: FIRST CLASS KENNELS
OWNER: 
ADDRESS: 701 SOUTH LINCOLN ST DALLAS
TELEPHONE: (904) 922-1581
VMO
COUNTY EASTON

Number of Primary Enclosures 56 Animals Present: Dogs 20 Cats 1

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

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

SPECIAL ITEMS

Records
24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel) 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: 11/28 Time: 11:43

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 #:

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

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></td>
<td><strong>No Inadequacies noted at this inspection</strong></td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  □ CONDITIONALLY APPROVED  □ DISAPPROVED

Date: 11/18/05 Time: 11:43

---

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

AW-2
Rev. 1/07

White: Office

Canary: Inspector

Pink: Owner

PAGE 2 OF 2