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°55’48” W: 79°49’10”

LICENSE #: 89
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Plea Pet Nursing Home
OWNER: 7015 Harlken Rd
ADDRESS: Atlanta
COUNTY: Gwinnett

Number of Primary Enclosures 54
Animals Present: Dogs 54 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

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 ☒

Date: 10/27/10 Time: 12:00

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
<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>25</td>
<td>There were ten dogs that were killed in from the acres. Twelve ago. These boys had no ID, origin or date of vaccination records. Update the records and have available for inspection 30 days.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>End sand/ gravel in low areas.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**

**INSPECTOR’S SIGNATURE**

**DATE:** Oct 27, 20XX  **TIME:** 10:00 - 13:00

**OWNER/AUTHORIZED AGENT’S SIGNATURE**

**AW-2**

**Rev:** 1/07

**WHITE = OFFICE**

**CANDY = INSPECTOR**

**PINK = OWNER**

**PAGE 1 OF**