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: 36.04050    W: 79.52115

LICENSE #: 10581
TYPE FACILITY: Animal Shelter (Private/Public)  ☐  Boarding Kennel □  Pet Shop □  Public Auction □
BUSINESS NAME: Friendly Furry Pets
OWNER: John Doe
ADDRESS: 123 Monday Ave
TELEPHONE: (919) 852-9867
VMO  □
COUNTY  Hunter
Number of Primary Enclosures  33  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  ☐

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)  ☐
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  ☐ DISAPPROVED  Date: Oct 1, 2010  Time: 11:59

Inspector’s Signature  Owner/Authorized Agent’s Signature

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

PAGE ___ OF ___
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10581
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Jon Hill
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>FRP Board that was damaged has been replaced</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Concrete areas have been repainted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Replace damaged laminated wood in small dog area as needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gates that occur through drains have grown rusted making sanitation difficult - Repainted or replace gates</td>
<td></td>
</tr>
</tbody>
</table>

□ APPROVED □ DISAPPROVED  Date: Oct 1, 2010  Time: 11:00

Inspector’s Signature: [Signature]  Owner/Authorized Agent’s Signature: [Signature]

White= Office  Canary= Inspector  Pink= Owner

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