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°59′41″ W: 79°47′10″

LICENSE #: 10838
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Taylor Kennels
OWNER: Willauey San Eigne
ADDRESS: 234 South Elm Avenue
TELEPHONE: (336) 275-1090
COUNTY: Guilford

Number of Primary Enclosures 10 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/Vermis 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: 10/10/00 Time: 11:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**license #: 10838**

**type facility:** Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop  □ Public Auction

**business name:** (307NARY 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>Smell coming in main kennel at door. Threshold was damaged exposing sub-flooring</td>
<td>Replace</td>
</tr>
</tbody>
</table>

**approved**  □ disapproved

**date:** 10/29/10  **time:** 14:00

**inspector’s signature:**

**owner/authorized agent’s signature:**

AW-2  Rev. 1/07

White= Office  Canary= Inspector  Pink= Owner

**page ___ of ___**