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: 34.07125 W: 79.46507

LICENSE #: 10321
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Hamptons Pet Spa
OWNER: 3206 Martin Luther King Dr
ADDRESS: 
TELEPHONE: (334) 272-6584
VMO: 
COUNTY: 

Number of Primary Enclosures 100
Animals Present: Dogs □ Cats □

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 □

PPIW APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 11/16/16 Time: 9:00

Inspector’s Signature
Owner/Authorized Agent’s Signature

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 10321
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME:
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>7</td>
<td>Chatans in outside exercise area are made of wood and are in disrepair - Remove</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Repaint Kennel Floors and Kennel links</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Add gravel in outside enclosures where needed</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Add concentration to tx records</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED    □ DISAPPROVED  Date: Nov 14, 2010  Time: 0900

Sherie J. Lavine  Megan Wood Manager
Inspector’s Signature  Owner/Authorized Agent’s Signature

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

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