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: Nanhai Pet Spa
OWNER: 123 Manley Ave
ADDRESS: 
TELEPHONE: (336) 982-9867
VMO Hunter
COUNTY Guilford

Number of Primary Enclosures 33 Animals Present: Dogs 3 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

SPECIAL ITEMS

Records
23. Description of Animals
24. Records/Vet Treatment
25. Origin/Disposition
26. Signature (boarding kennel)
14. Written permission from owner for commingling (doggie daycare)

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

TRANSPORTATION

28. Care in Transit Discussed

VETERINARY CARE

28. Isolation Facility
29. No Signs of Illness/Treated

☑ APPROVED ☐ DISAPPROVED

Date: March 1, 2010 Time: 13:17

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
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<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>1</td>
<td>Replace FRP Board in KEnnel #4</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Repaint/Reseal Concrete in Bldg Rm 1 &amp; 2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Replace beds as they become damaged</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

**Date:** 3/1/10 **Time:** 13:17

*Inspector's Signature*

*Owner/Authorized Agent’s Signature*

**AW-2 Rev. 1/07**

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