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: 36.03707 W: 79.55331

LICENSE #: 10805
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Abby Love DEA Camp Bow Wow
OWNER: HUNTER
ADDRESS: 6207 CHIMNEY CENTER BLVD
COUNTY: GUILFORD

Number of Primary Enclosures: 46 Animals Present: Dogs 41 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. 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
☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

Date: 3/20/16 Time: 12:30

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10805**  
**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □  
**BUSINESS NAME:** Puppy Love DBA Camp Bow Wow  
**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>③</td>
<td>Replace light fixtures that have blown out.</td>
<td>Scheduled.</td>
</tr>
</tbody>
</table>

No other inadequacies noted at this inspection.

**APPROVED** □ CONDITIONALLY APPROVED □ DISAPPROVED  

**Date:** 3/4/10  
**Time:** 12:30

**Inspector/Signature:**  
**Owner/Authorized Agent’s Signature:**

**White= Office**  
**Canary= Inspector**  
**Pink= Owner**

AW-2  
Rev. 1/07  

**PAGE 2 OF 2**