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: 36.13724 W: 79.59928

LICENSE #: 10133
TYPE FACILITY: Animal Shelter (Private/Public)
BUSINESS NAME: Back Aun Pet Services
OWNER: 8365 Prime Edward Ed
ADDRESS: VMO
COUNTY: Wake

Number of Primary Enclosures 7 Animals Present: Dogs 4 Cats 0

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

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

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: April 21 201
Time: 13:08

Inspector: Shellen Swain
Owner/Authorized Agent: Kristie A Pape

Inspector's Signature
Owner/Authorized Agent’s Signature

White= Office
Canary= Inspector
Pink= Owner
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10233**  
**TYPE FACILITY: Animal Shelter (Private/Public)**  
**BUSINESS NAME:** Back Aye Pet Services  
**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>5</td>
<td>Pick up used or damaged accessories</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Grass or enclosures and fence line not maintained</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>If &gt; than four dogs are in a primary enclosure or common area, then maintain a ratio of 1:10 personal</td>
<td></td>
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<tr>
<td></td>
<td>All records were in order and available for inspection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No other inadequacies</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
**Date:** April 21, 2011  
**Time:** 13:08  
**Inspector’s Signature:**  
**Owner/Authorized Agent’s Signature:**  

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

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