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°02'45.1" W: 79°50'34.7"

LICENSE #: 20349
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME: Changes
OWNER: Changes
ADDRESS: 324 Four Seasons Mall
TELEPHONE: (336) 854-0009
VMO
COUNTY
Number of Primary Enclosures  Animals Present: Dogs 20  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

APPROVED  DISAPPROVED

AW-2
Rev. 1/07

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: Aug 4, 2010 Time: 13:00-

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
**LICENSE #: 20349**

**TYPE FACILITY:** Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop  □ Public Auction  □

**BUSINESS NAME:** **Puppies to Puppies**

**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>1</td>
<td>Replace carpet with clear bottoms as the become damaged</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Records are more than adequate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No signs of illness - all puppies appear healthy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Store is very clean</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □  DISAPPROVED □**

**Date:** Aug 4, 2016  **Time:** 13:00 - 14:15

**Inspector’s Signature:** [Signature]

**Owner/Authorized Agent’s Signature:** [Signature]

**White= Office**

**Canary= Inspector**

**Pink= Owner**

**AW-2**

**Rev. 1/07**

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