ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34°07'73" W: 79°46'34"7"

LICENSE #: 10030
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Batterman's Pet Barn
OWNER: L. W. Batterman
ADDRESS: 330 Willowburn Rd., Greensboro
TELEPHONE: (334) 200-0021
VMO: Brian Zander
COUNTY: Guilford

Number of Primary Enclosures 54 Animals Present: Dogs 35 Cats 4

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

Transportation
☐ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

DISAPPROVED

Date: March 5, 2016 Time: 08:30

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10030
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Battleground Pet Inn
OWNER:
ADDRESS:
TELEPHONE: ( )

This is a preliminary inspection report.

*Outside kennels had not been cleaned from spring before. Door was locked and dogs were in stacked crates inside housing facility.*

*Called Mrs. Jones. She was in the house and met me at the housing facility in the back.

*Mrs. Jones stated to me that the dogs at the facility were either personal animals or rescued that there were no boarding animals.*

1. Sanitation of housing facility was extremely poor — dirt, junk, clutter, and accessories were piled on counters, floors, and on top of cages.

2. There were no dog houses or outdoor enclosures.

3. At least two small dogs were in enclosures that appeared to be too small for the individual animals, but most appeared to be chained. At least two had severe sores.

4. Several dogs were extremely emaciated; one of the pets was so emaciated his eyes were not visible and appeared infected.

*Delamination had holes on the tops of both front feet.*

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  Date: 7/2/20  Time: 08:30

Inspector's Signature: [Signature]

Owner/Authorized Agent's Signature: [Signature]

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

PAGE 2 OF 3
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:**

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

**BUSINESS NAME:** Bahiground

**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></td>
<td>Dogs did not have access to water.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Watched muddy paws from 2 hours ago.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A golden and a brown dog did not eat well.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>They did not stop until fresh water was clean, no signs of nausea, and third</td>
<td></td>
</tr>
<tr>
<td></td>
<td>minutes from freshly filled respective.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Golden retrieve always matters covered in mud. Skewer punctured visible hot spot</td>
<td></td>
</tr>
<tr>
<td></td>
<td>on lumbar region</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No records available for inspection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There were 29 records with 10 presented, 16 were current</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ✗ DISAPPROVED

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

**Date:** 3/5/10 **Time:** 8:30

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

**White= Office**

**Canary= Inspector**

**Pink= Owner**

**PAGE** 3 OF **3**