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: 36.12122 W: 79.75047

LICENSE #: 20344

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

BUSINESS NAME: Pet2

OWNER: Carol V. Wagner

ADDRESS: 13609 Auld Housing Rd.

TELEPHONE: (336) 825-7282

COUNTY: Forsyth

Number of Primary Enclosures 35

Animals Present: Dogs 16  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

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)

Transportation
28. Written permission from owner for commingling (doggie daycare)

Veterinary Care
29. Care in Transit Discussed
30. Isolation Facility
31. No Signs of Illness/Treated

Approved

APPROVED

Owner/Authorized Agent's Signature

CONDITIIONALLY APPROVED

Date: 3/3/09
Time: 11:11 am

APPROVED

Inspector’s Signature

DISAPPROVED

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 #: 20344**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:**  
**OWNER:**  
**ADDRESS:** Hufzak, Inc.  
**TELEPHONE:** (919) 875-7708

<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>Chey was doing a very nice job and doing a good job</td>
<td></td>
</tr>
<tr>
<td></td>
<td>paper was in order</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chey has a adopt shop and doing a good job on the improvements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>keep up the improvements</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  
Date: 3/3/09  Time: 11:00AM

Inspector’s Signature

Owner/Authorized Agent’s Signature

White= Office  Canary= Inspector  Pink= Owner

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