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°18'44.3" W: 79°34'01.8"

LICENSE #: 10333
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Tailwaggers Kennels
OWNER: Kathy Bruce
ADDRESS: 605 Lake Brook Rd. Greensboro NC
TELEPHONE: (334) 288-2267
VMO ☐
COUNTY: Guilford

Number of Primary Enclosures 25 Animals Present: Dogs 3 Cats 1

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

SPECIAL ITEMS

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

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

Transportation
☐ 29. Care in Transit Discussed

Veterinary Care
☐ 30. Isolation Facility
☐ 31. No Signs of Illness/Treated

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2

Date: 11/13/08 Time: 5:30 AM
**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 CONTINUATION PAGE**

**LICENSE #:** (0) 333  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:**  
**OWNER:**  
**ADDRESS:**  
**TELEPHONE:** (334) 288-2266

<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>Need to repair or replace inside pet doors as are beginning to chip and chew up. Records are in order. Place was OK. More an attempt to repairing the next inspection.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
**CONDITIONALLY APPROVED**  
**DISAPPROVED**  
**Date:** 11/13/XX  
**Time:** 8:30 A.M.

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

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

**PAGE 2 OF 2**