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: [ ] [ ] [ ] [ ] W: [ ] [ ] [ ] [ ]

LICENSE #: 10838
TYPE FACILITY: Animal Shelter (Private/Public) [ ] Boarding Kennel [ ] Pet Shop [ ] Public Auction [ ]
BUSINESS NAME: [ ]
OWNER: William Reeves
ADDRESS: 4111 South Elm Avenue
COUNTY: Guilford

Number of Primary Enclosures 10 Animals Present: Dogs 0 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)
[ ] 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 [ ] CONDITIONALLY APPROVED [ ] DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 1/6/10 Time: 15:12
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10838**
**TYPE FACILITY: Animal Shelter (Private/Public) [ ] Boarding Kennel [X] Pet Shop [ ] Public Auction [ ]**

**BUSINESS NAME:** Yoolay Kennels

**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>@ Replace threshold as main Kennel area</td>
<td>6-1-10</td>
</tr>
</tbody>
</table>

**APPROVED [X] CONDITIONALLY APPROVED [ ] DISAPPROVED [ ]**

**Inspector’s Signature:**

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

**White= Office**

**Canary= Inspector**

**Pink= Owner**

**PAGE 2 OF 2**