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: 33.65073 W: 84.85367

LICENSE #: 10603
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: K-9 Caring Dog Training Inc
OWNER: Elena & Pat Smith
ADDRESS: 502 Flower House Loop Training NC
TELEPHONE: (204) 524-3817
VMO ☐ COUNTY ☐
COUNTY Cordell

Number of Primary Enclosures 20 Animals Present: Dogs 13 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/Vermint 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

Date: 11/17/08 Time: 12:00am

□ 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
<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 exact dosage and time on treatment sheet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Need to finish painting outside walls, place is clean and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>smalls great help of the good work</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
Inspection's Signature  
Owner/Authorized Agent's Signature