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: 35.3441 W: 80.47540

LICENSE #: 10537
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel X Pet Shop □ Public Auction □
BUSINESS NAME: Pets R Home
OWNER: 
ADDRESS: 8832 Ac Hwy 896 Mc Allen Hwy
TELEPHONE: (704) 895-3132
VMO
COUNTY Henderson

Number of Primary Enclosures: 18 Animals Present: Dogs 15 Cats

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

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)

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

HUSBANDRY

Transportation
☒ 28. Care in Transit Discussed

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

☑ APPROVED □ DISAPPROVED

Date: March 17, 2010 Time: 12:37

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 #: 10537**  
**TYPE FACILITY: Animal Shelter (Private/Public)**  
**BUSINESS NAME:** Acts & Home  
**OWNER:** Cont  
**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>1</td>
<td>Outside enclosures have some areas of mud and gravel. Replace/repair as needed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Repair/replace accessories in outside enclosure.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Maintain ratio of 1:10 personnel to animals if greater than 4 animals per primary enclosure.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Add description of medication included in records.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
**INSPECTOR’S SIGNATURE:**  
**OWNER/AUTHORIZED AGENT’S SIGNATURE:**  

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