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° 38' 39" W: 80° 51' 48"

LICENSE #: 10303
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME:
OWNER:
ADDRESS: 139 Daedale Circle Louisville
TELEPHONE: (404) 663-0472
VMO
COUNTY

Number of Primary Enclosures 114 Animals Present: Dogs 15 Cats 0

Inspector: Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable

STRUCTURE

Housing Facilities
.bid. 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
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 □ DISAPPROVED □

Date: Aug 24, 2010 Time: 15:00

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 #: [Blank]


BUSINESS NAME: Di Dio

OWNER: [Blank]

ADDRESS: [Blank]

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>25</td>
<td>Make sure to record name of medication and description (mg) on the records. No other inadequacies noted</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ DISAPPROVED Date: Aug 24, 2016 Time: 15:52

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

White= Office

Canary= Inspector

Pink= Owner

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