ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.49143 W: 80.52541

LICENSE #: 10447
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Dog Gone Gorgeous
OWNER:
ADDRESS: 302 Turnersburg Hwy, Statesville
TELEPHONE: (704) 394-9442
VMO
COUNTY

Number of Primary Enclosures 15 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/Vermin Control
□ 18. Building & Grounds

SPECIAL ITEMS

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

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 □ DISAPPROVED

Date: Aug 31, 2010 Time: 10:00

Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

[AW-2 Rev. 1/07]
### Item Number

<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>The cats have been trapped and removed. However, there are still cats under the facility.</td>
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<tr>
<td></td>
<td>Continue trapping and removing stray cats.</td>
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<td>Update records and make available for next inspection.</td>
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<td>Provide timeline for housing facility.</td>
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</tbody>
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☐ APPROVED  ☐ DISAPPROVED  Date: Aug 31, 2010  Time: 10:00

inspectors's Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]