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 #: 10265
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME:    
OWNER:    
ADDRESS:    
TELEPHONE: (704) 828-7270
VMO    
COUNTY    

Number of Primary Enclosures    Animals Present: Dogs    Cats    

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

STRUCTURE

Housing Facilities
3. Lighting   13. Ceiling, Wall, Floors
5. Storage   15. Equipment & Supplies

Primary Enclosures
7. Structure & Repair   17. Insect/Vermin Control
8. Space   18. Building & Grounds
10. Adequate Shelter   

SANITATION

12. Odor
13. Ceiling, Wall, Floors
14. Primary Enclosures
15. Equipment & Supplies
16. Washrooms, Sinks, Basins
17. Insect/Vermin Control
18. Building & Grounds

11. Waste Disposal

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

24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel)
28. Written permission from owner for commingling (doggie daycare)

29. Care in Transit Discussed

Veterinary Care

30. Isolation Facility
31. No Signs of Illness/
    Treated

Transportation

Date: 10/7/08   Time: 9:30 AM

Owner/Authorized Aqt’s Signature

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

APPROVED
□ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 12345
TYPE FACILITY: Animal Shelter (Private/Public) [ ] Boarding Kennel [ ] Pet Shop [ ] Public Auction [ ]
BUSINESS NAME: [ ]
OWNER: Natha's Ark Boarding
ADDRESS: 321 Old Sycamore Road Statesville, NC
TELEPHONE: (704) 873-7290

<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>Keep food in sealed containers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cell is see all cracks in concrete in contact with animals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Still need to add 6&quot; of wood over bare dirt in play area</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Make sure you keep play area clean</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All records are in order, smell great and is clean on me inside, good job.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 10/3/03 Time: 9:30 AM

Inspector’s Signature 

Owner/Authorized Agent’s Signature

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