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: 35.385411  W: 79.11337

LICENSE #: 104079
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Tail Waggin Inn
OWNER: Thomas Sharpe
ADDRESS: 383 Sharette Rd Sanford NC
TELEPHONE: (919) 355-8795
VMO Hunter Lee
COUNTY Lee

Number of Primary Enclosures: 45  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
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

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

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 3/19/10  Time: 4:28 PM

Inspector’s Signature: Yogali Sharpe

Owner/Authorized Agent’s Signature: Thomas Sharpe

White= Office  Canary= Inspector  Pink= Owner

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LICENSE #: 10479
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Taw Waggin Inn
OWNER: (CONT)
ADDRESS: (CONT)
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></td>
<td>Last Inspection 2-23-09 ☑ No inadequacies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's Inspection #15 Organize all supplies &amp; store them away from kennels.</td>
<td></td>
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<tr>
<td></td>
<td>☑ Also, owner and I discussed options for mice control. Although there was no</td>
<td></td>
</tr>
<tr>
<td></td>
<td>evidence seen today; Mrs. Sharpe says she has recently had an issue.</td>
<td></td>
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</tbody>
</table>

☑ APPROVED  ☐ DISAPPROVED  Date: 11-9-10  Time: 3:30pm-4:28pm

Inspector's Signature: White= Office  Owner/Authorized Agent's Signature: Canary= Inspector  Pink= Owner