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: 35.56513  W: 81.17341

LICENSE #: 10728
TYPE FACILITY: Animal Shelter (Private/Public) ☐  Boarding Kennel ✗  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: HUNNS PET CENTER
OWNER: }
ADDRESS: 3926 EAST HAY ST  IRON STATION
TELEPHONE: (704) 736-4215
VMO HUNNS
COUNTY LINDOWN

Number of Primary Enclosures 126  Animals Present: Dogs 55  Cats 18

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

Inspection’s Signature

Owner/Authorized Agent’s Signature

Date: 12/23 Time: 12:23

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10728**
**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
**BUSINESS NAME:** **ADAMS PET CENTER**
**OWNER:**
**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>1.</td>
<td>Damaged from scratching exposing surfaces that cannot be sanitized. Repair/replace with material that is impervious to moisture.</td>
<td>Jan 1, 2009</td>
</tr>
<tr>
<td>2.</td>
<td>K-9 grass in outside common areas damaged in several spots - repair these areas.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Outside kennels epoxy sealing is peeling up - repair &amp; replace.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Outside accessories and water receptacles are damaged from chewing making sanitation difficult - replace as needed.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>There is a strong odor in kennel B - increase ventilation in this area - flush drains?</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Make sure there is one litter box for every three cats in a primary enclosure.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  □ CONDITIONALLY APPROVED  □ DISAPPROVED  
**Inspector's Signature:**  **Owner/Authorized Agent's Signature:**

**Date:** 9/7/08  **Time:** 18:23

**AW-2**
**Rev. 1/07**

**White= Office**  **Canary= Inspector**  **Pink= Owner**

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