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°23'56" W: 80° 8'31"7'

LICENSE #: 100335

TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: City Pets USA
OWNER: Sherri West
ADDRESS: 1100 North Tryon

TELEPHONE: (704) 338-9698
VMO NUMBER
COUNTY N.C.

Number of Primary Enclosures 55 Animals Present: Dogs 24 Cats 6

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
\(9. \) Ventilation & Temp.
\(10. \) 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
23. Description of Animals
24. Records/Vet Treatment
25. Origin/Disposition
26. Signature (boarding kennel)

Transportation
28. Care in Transit Discussed

Veterinary Care
28. Isolation Facility
29. No Signs of Illness/Treated

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

APPROVED □ DISAPPROVED

Date: Jan 23, 2007 Time: 13:44

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
NCDA&CS, VETERINARY DIVISION  
ANIMAL WELFARE SECTION,  
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10653
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Coy Dog USA
OWNER: ☐
ADDRESS: ☐
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>Basements are damaged from chewing - making sanitation difficult. Repair and or REPLACE.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>All food must be stored in sealed containers done at time of inspection.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Review program of veterinary care - make sure vaccination protocols are followed - Rabies is required by state law. &quot;Lucy&quot; &amp; &quot;Pinkle&quot; - All vaccinations Exp &quot;Tinker &amp; Flayer&quot; - All vaccinations Exp</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>No signature at time of release. Operators of boarding kennels shall maintain records of all dogs and cats including: Name, address, of owner or person responsible date of entry and signature and address to whom animal is released and date of release.</td>
<td></td>
</tr>
</tbody>
</table>

Feb 27, 2009

☐ APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 11/07/10 Time: 13:24

Inspector’s Signature

OWNER/AUTHORIZED AGENT’S SIGNATURE

AW-2
Rev. 1/07

White= Office  Canary= Inspector  Pink= Owner

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