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 #: 10606
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction 
BUSINESS NAME:  
OWNER:  
ADDRESS:  704  
TELEPHONE:  (336) 896-6770  
VMO  
COUNTY  

Number of Primary Enclosures  37  Animals Present:  Dogs  11  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

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:  1/5  Time:  5:10

Inspector’s Signature  
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
LICENSE #: 10609
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Camel Castle
OWNER: Cont
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></td>
<td>Make sure and maintain 1:10 ratio - done at time of inspection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility very clean - no other inadequacies noted</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED ☐ DISAPPROVED Date: Dec 15, 2007 Time: 15:30

Inspector’s Signature: ____________________________________________
Owner/Authorized Agent’s Signature: ________________________________

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

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