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°23'46" W: 80°49'20"

LICENSE #: NC38
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Horace Falmouth
OWNER: Horace Falmouth
ADDRESS: 5428 Bebee St, Charlotte
TELEPHONE: (704) 544-1664
VMO ☑
COUNTY ☑

Number of Primary Enclosures 90 Animals Present: Dogs 18 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

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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<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>Remove carpeting near benches, in cat condos, replace with material to prevent injury.</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Several cases of cat condo lids. Some kennels have been reported as missing and not replaced - keep working on the rest.</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>Replace damaged chainlink in outside kennels.</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td>Some concrete is cracked and unraveled. Repair and seal.</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td>Wooden slats for raised wood in outside pens should be covered.</td>
<td></td>
</tr>
</tbody>
</table>

Treatment reports need description of modification and changes.  

[Signatures]  

Approved: [Signature]  
Conditionally Approved: [Signature]  
Disapproved: [Signature]  
Date: [Date]  
Time: [Time]  
Inspector: [Signature]  
Owner/Authorized Agent: [Signature]  
White: Office  
Canary: Inspector  
Pink: Owner  
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