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: 35.12728 W: 80.51910

LICENSE #: 10-172
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Total Canine (Metro Paws)
OWNER: Wanda L. Bell
ADDRESS: 2029 S. Tomp St., Charlotte, NC
TELEPHONE: (704) 574-1593
VMO Hunter COUNTY Mecklenburg

Number of Primary Enclosures: 71
Animals Present: Dogs 27 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

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 ☐ DISAPPROVED

Date: 1-1-1
Time: 1:30pm - 2:30pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
PAGE 1 OF 2
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: O178)
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Total CANINE (CONT)
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>Previous Inspection performed 1-4-10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#1: Structure &amp; Repair: repair vinyl kennel doors where they are excessively chewed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#2: Signature form: no signature form present. Manager created one while present.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No other inadequacies noted today.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

+ Spoke briefly with manager about plans for a new location & their options.

☐ APPROVED  ☐ DISAPPROVED  Date: 1-4-11  Time: 1:30 pm-3 pm

E. Lumen  Owner/Authorized Agent’s Signature

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

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