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: 34.25849 W: 77.83825

LICENSE #: 10792
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Olga's Dog Spa
OWNER: Olga Littleton
ADDRESS: 1147118 Old Dairy Rd., Wilmington, NC 28405
TELEPHONE: (910) 256-5011791-4849
VMO: Shelter
COUNTY: New Hanover

Number of Primary Enclosures: 10 Animals Present: Dogs: 3 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

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

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: 7/21/08 Time: 3:00 pm

Inspector's Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White = Office

Canary = Inspector

Pink = Owner

PAGE 1 OF 2
LICENSE #: 10792
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Olga's Dog Spa
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>7)</td>
<td>Chain link is damaged on all inside gates. Owner needs to replace with a heavier gauge wire or change to another style gate.</td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td>Outdoor exercise yard - an area has been dug up at the gate. Hole needs to be filled - re-seed or may want to install stepping stones or gravel in that area.</td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td>Back bathing room - wood moldings must be replaced with non-wood product and cover walls in a scrubbable product if dogs are housed in this room.</td>
<td></td>
</tr>
<tr>
<td>26)</td>
<td>Empty bags of dry food were found. All open bags of dry food must be stored in a covered container.</td>
<td></td>
</tr>
<tr>
<td>(24), (25), (27), (28)</td>
<td>Owner has failed to keep the required records, as subscribed in AW # 02 NCAC 5.25.0101.</td>
<td></td>
</tr>
</tbody>
</table>

Comments: Owner has put an "Isolation Sign" on the isolation room door. Owner has been granted 60 calendar days to correct all of the above items.

□ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 2/1/08 Time: 2:00pm

 abaixo's signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07
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