ANIMAL WELFARE INSPECTION

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: 34.42835 W: 77.14090

LICENSE #: J00391
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Personal Touch Pet Grooming & Boarding
OWNER: Sherrie L. Stoll
ADDRESS: 290 Hubert Blvd, Hubert, NC 28539
TELEPHONE: 250-356-7238
VMO Hunter
COUNTY Unslow

Number of Primary Enclosures ☑ 14 ☑ Animals Present: Dogs 2 Cats 0

Structure

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

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: 1/3/11 Time: 4:15 pm

Inspector: Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable.
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10891**

**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

**BUSINESS NAME:** Personal Touch Pet Grooming & Boarding

**OWNER:**

**ADDRESS:**

**TELEPHONE:** (___) _____ - ______

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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></td>
<td>Since the last inspection, the following has been addressed:</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Cracks in the sidewalk have been sealed.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Caution sign erected to warn of uneven asphalt in driveway.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>A small dog room has been created.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>A cat room has been created.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Painting has been completed.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>A new roof has been completed.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>A new sign has been created for the facility.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Snow has started replacing the old chain link on the kennel gates.</td>
<td></td>
</tr>
</tbody>
</table>

Many improvements are noted today.

**Item To Address:**

1) Run #4 & #10 - Add new chain link on the bottom and make sure all chain link is safely reeled under to prevent injury.

Address 1) before next inspection.

Facility is clean and odor free.

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**APPROVED □ DISAPPROVED**

Date: 1/18/11  Time: 4:15 p.m.

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

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

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