ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 48' 12.5" W: 79° 22' 92.0"

LICENSE #: 10440
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Doggie Spa Day Care
OWNER: Rink Henn
ADDRESS: 1101 Dowds Rd (Chapel Hill NC
TELEPHONE: (919) 932-4708
VMO: Hunter
COUNTY: Orange

Number of Primary Enclosures: 60 Animals Present: Dogs 33 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
adox 24. Description of Animals
adox 25. Records/Vet Treatment
adox 26. Origin/Disposition
adox 27. Signature (boarding kennel)
adox 28. Written permission from owner for commingling (doggie daycare)

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

Transportation

29. Care in Transit Discussed

Veterinary Care

30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 11/07 Time: 4:15p

Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

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

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LICENSE #: 10440
TYPE FACILITY: Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop  □ Public Auction  □
BUSINESS NAME: Doggie SPA
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></td>
<td>Owner is working on repairing chewed wood on Kennel Wall. Owner is covering the walls of the play yard with chewed metal.</td>
<td></td>
</tr>
</tbody>
</table>

□ APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED

Inspector's Signature: __________________________
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