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: 36° 27' 05.5" W: 78° 9' 41.4"

LICENSE #: 10508
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Rebecca's K-9 Resort
OWNER: Rebecca Hesse
ADDRESS: 935 Dick Holman Rd. Timberlake NC 27583
TELEPHONE: (336) 364 - 1110
VMO Hunter
COUNTY Person

Number of Primary Enclosures 12 Animals Present: Dogs 6 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 ☑

Inspector’s Signature

CONDITIONALLY APPROVED ☑

Owner/Authorized Agent’s Signature

DISAPPROVED ☑

Date 10/30/10 Time 2:30pm

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 06508
TYPE FACILITY: Animal Shelter (Private/Public)  BOARDING KENNEL  PET SHOP  PUBLIC AUCTION
BUSINESS NAME: Rebecca's K-9 Resort
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>Last Inspection 11/30/09. No inadequacies.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's Inspection: No inadequacies.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED  CONDITIONALLY APPROVED  DISAPPROVED  Date 1/21/10  Time 2:30pm.

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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