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° 79' 03.4" W: 79° 44' 07.8"

LICENSE #: 10725
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: THE DOG WASH BOARDING
OWNER: JENNIFER MILLS
ADDRESS: 7034 JORDAN RD
COUNTY: RANDOLPH

Number of Primary Enclosures: 14 Animals Present: Dogs: 1 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
☐ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☐ 26. Signature (boarding kennel)
☐ 27. 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
☐ 24. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

☐ APPROVED ☐ DISAPPROVED

Date: JAN 9, 2008 Time: 11:06

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE ___ OF ___
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

LICENSE #: 10735

TYPE FACILITY: Animal Shelter (Private/Public) [ ] Boarding Kennel [ ] Pet Shop [ ] Public Auction [ ]

BUSINESS NAME: THE DOG WASH BOARDING

OWNER: cont

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>1</td>
<td>Two crates in boarding room are damaged and could cause injury. Replace these. Do not use for boarding animals</td>
<td>[X] Done at time of inspection</td>
</tr>
<tr>
<td>8</td>
<td>Wire bottom cages with no solid resting surface. Provide a solid resting surface that must be of a non porous or easily sanitized material</td>
<td>[X] Done at time of inspection</td>
</tr>
<tr>
<td>13</td>
<td>Floor is dirty - spilled food some dried feces - clean &amp; increase frequency of cleaning</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Treatment sheets lacking name of medication, dosage, concentration. Add the above information to all tx records</td>
<td></td>
</tr>
</tbody>
</table>

**Approved** [X] **Disapproved** [ ]

Date: Jan 9, 2008  Time: 11:06

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]