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: 35.70120 W: 79.78458

LICENSE #: 20438
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☒ Public Auction ☐
BUSINESS NAME: Country Critters
OWNER: Nicole Stanley
ADDRESS: 1487 S. Dixie Dr., Asheboro NC
TELEPHONE: (336) 625-0130
VMO Hunter
COUNTY: Randolph

Number of Primary Enclosures 45 Animals Present: Dogs 7 Cats 9

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

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

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

Approved by: Elizabeth Rice
Owner/Authorized Agent’s Signature: Juli Riche
Date: 10/14/10 Time: 12:45pm

Inspector’s Signature: Elizabeth Rice
Owner/Authorized Agent’s Signature: Juli Riche

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 20438
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Country Critters
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></td>
<td>Last Inspector: No Inadequacies.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's Inspector: No inadequacies.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Photos taken today of housing living quarters.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Details of complaint are attached. Owner stated she did have a Rottweiler puppy in with some bloody stool. It was separated from the other puppies. The Rottweiler had worms and has since been sold to a home.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Did speak with owner about a resting surface needed in pens. Besides the towel used for a pee pad. Made suggestion to have two towels in each. That way puppies want to use one as a pee pad - then they will still have another one available.</td>
<td></td>
</tr>
</tbody>
</table>

XAPPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  Date: 10/14/19  Time: 12:15pm

Inspector's Signature:
Owner/Authorized Agent's Signature: Y. Rice

White= Office  Canary= Inspector  Pink= Owner