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: 21°45'2" W: 79°41'46"

LICENSE #: 93
TYPE FACILITY: Animal Shelter (Private/Public) [X] Boarding Kennel [ ] Pet Shop [ ] Public Auction [ ]
BUSINESS NAME: 8th Street Veterinary Hospital
OWNER: Amanda
ADDRESS: 1401 West Harrison St Ralston
TELEPHONE: (336) 345-3199
VMO COUNTY

Number of Primary Enclosures 38 Animals Present: Dogs 39 Cats 48

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
[ ] 24. Description of Animals
[ ] 25. Records/Vet Treatment
[ ] 26. Origin/Disposition
[ ] 27. Signature (boarding kennel)
[ ] 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

[ ] 24. Care in Transit Discussed

Transportation

Veterinary Care
[ ] 30. Isolation Facility
[ ] 31. No Signs of Illness/Treated

[ ] APPROVED
[ ] CONDITIONALLY APPROVED
[ ] DISAPPROVED

Date: 7/16/10 Time: 16:30

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 3
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

<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>01</td>
<td>Metal panels that are used to separate kennels have become damaged from dogs chewing, making sanitation difficult and exposing sharp edges that could cause injury - replace panels as they become damaged.</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Troughs cleaned at back of kennels had not been cleaned out. There was a large amount of feces food and debris and odor was strong in this area. Make sure and clean troughs after kennels have been cleaned.</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Provide resting surface for enclosures holding over 5 cats. Did not perform inanimate inspection.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**

**DISAPPROVED**

**Owner/Authorized Agent’s Signature**

**Inspector’s Signature**

**Date:** July 15, 2006  **Time:** 16:30