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° 31.6495 W: 79° 45.9047

LICENSE #: 105320
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Town and Country Pet Center
OWNER: 
ADDRESS: 7741 NC 14 (Elden) NC
TELEPHONE: (336) 423-2257
VMO: HUNTER
COUNTY: Rockingham

Number of Primary Enclosures: 12 Animals Present: Dogs 18 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 □

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 □

Date: 4/16/20 Time: 11:30

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Town and Country
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>1.</td>
<td>Enclosures have been added to outdoor enclosure.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>No inadequacies.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ DISAPPROVED  Date: Oct 11, 2019  Time: 11:30

Inspector’s Signature: ________________________  Owner/Authorized Agent’s Signature: ________________________

White= Office  Canary= Inspector  Pink= Owner

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