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: 32° 16' 45" W: 79° 45' 07"

LICENSE #: 16526
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Town & Country Pet Center
OWNER: 
ADDRESS: 741 NC 14 Eden, NC
TELEPHONE: (336) 633-6257
VMO
COUNTY Rockingham

Number of Primary Enclosures 82 Animals Present: Dogs 10 Cats 5

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

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)

SPECIAL ITEMS

TRANSPORTATION

☑ 29. Care in Transit Discussed

VETERINARY CARE

☑ 30. Isolation Facility
☐ 31. No Signs of Illness/ Treated

APPROVED [ ] CONDITIONALLY APPROVED [ ] DISAPPROVED [ ]

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 6/5/10 Time: 15:00

AW-2 Rev. 1/07 White= Office

Canary= Inspector Pink= Owner

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

**LICENSE #:** 

**TYPE FACILITY:** Animal Shelter (Private/Public)  ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐

**BUSINESS NAME:**

**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>☑ Add gravel to back exercise area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐**

**Inspector's Signature**

**Date:**  [Handwritten]  **Time:** [Handwritten]

**Walter White**  **Office**

**Canary**  **Inspector**

**Owner/Authorized Agent's Signature**

**Pink**  **Owner**

**PAGE 2 OF 2**