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: 35.04972 W: 80.45407

LICENSE #: 20410
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: AIR LAND & SEA
OWNER: JOHN PAFFORD
ADDRESS: 1708 E. INNES ST SALISBURY
TELEPHONE: (704) 797-0091
VMO SUFFOLK
COUNTY ROANNE

Number of Primary Enclosures 7 Animals Present: Dogs 0 Cats 1

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
22A. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
23. Animals’ Appearance

Transportation

A. Care in Transit Discussed

Veterinary Care

28. Isolation Facility
29. No Signs of Illness/Treated

☐ APPROVED ☐ DISAPPROVED

Date: Aug 9, 2007 Time: 13:21

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

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**BUSINESS NAME:** AIR LAND & SEA

**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></td>
<td>No Inadequacies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Very Clean</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paperwork very organized</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ DISAPPROVED  Date: Aug 9, 2007  Time: 13:21

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

AW-2 Rev. 1/07

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