ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 33' 00" W: 80° 17' 48"

LICENSE #: 10270
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Brown's Country Kennel
OWNER:
ADDRESS: 11690 Stokes Ferry Rd Gold Hill
TELEPHONE: (704) 637-7688
VMO Hunter
COUNTY Rowan

Number of Primary Enclosures 22 Animals Present: Dogs 3 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
☒ 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

Transportation
☒ 29. Care in Transit Discussed

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

APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED

Date: 07/14/09 Time: 1000

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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**BUSINESS NAME:** Brown's Country Kennel

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<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>Secondary perimeter fencing required if animals have access to outdoor enclosures</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED. □ CONDITIONALLY APPROVED □ DISAPPROVED**

**Date:** 12/11/09 **Time:** 10:00

**Inspector’s Signature:**

**Owner/Authorized Agent’s Signature:**

**AW-2 Rev. 1/07**

**White= Office**

**Canary= Inspector**

**Pink= Owner**

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