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: 35.57401 W: 80.61465

LICENSE #: 10791
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: ANNETTE'S PETS
OWNER: KEVIN WRIGHT
ADDRESS: 2285 NC 152 W CHINA GROVE
TELEPHONE: (704) 993-1904
VMO HUNTER
COUNTY KOWAN

Number of Primary Enclosures 12 Animals Present: Dogs 2 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: 9/22/XX Time: 13:57

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

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BUSINESS NAME: ANETTE'S PETS
OWNER:
ADDRESS: CONT
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 NOTED AT THIS INSPECTION</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  Date: 9/28/05  Time: 13:57

Inspector's Signature

Owner/Authorized Agent's Signature

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

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