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°37.083 W: 81°47.177

LICENSE #: 10789
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: EARTH DOG PET SPA
OWNER: CAROL VYLES
ADDRESS: 387 RAILROAD AVE RUTHERFORDTON
TELEPHONE: (828) 718-5409
VMO: Rutherford COUNTY: RUTHERFORD

Number of Primary Enclosures: 10 Animals Present: Dogs 2 Cats 3

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
19. Description of Animals □
20. Records/Net Treatment □
21. Origin/Disposition □
22. Signature (boarding kennel) □
23. 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

28. Care in Transit Discussed □

VETERINARY CARE

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

□ APPROVED □ DISAPPROVED

Date: JAN 12, 2009 Time: 09:54

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**

**LICENSE #:** 10789  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** EARTH DOG PET SPA  
**OWNER:** CONT  
**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>10789</td>
<td>Back room where adoption cats are housed has been completely removed - cats are</td>
<td></td>
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<tr>
<td></td>
<td>destroyed to primary enclosures. No wood within animals reach.</td>
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<tr>
<td>5</td>
<td>Storage is inadequate - accessories and supplies are unorganized, stored on top</td>
<td></td>
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<tr>
<td></td>
<td>of enclosures - cabinets are being installed this week - organize and store all</td>
<td></td>
</tr>
<tr>
<td></td>
<td>accessories in manner which will prevent infestation or contamination.</td>
<td></td>
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<tr>
<td>3</td>
<td>No original paperwork for cats - all paperwork records must be complete and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>available for inspection.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Fax application for shelter to this office no later than 1-16-09</td>
<td></td>
</tr>
</tbody>
</table>

**Community Pet Center**

□ APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  
Date: 1/2/09 Time: 09:54

**Inspector’s Signature**  
Shane Aura

**Owner/Authorized Agent’s Signature**  
Carol Waylis

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