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° 37.053 W: 81° 41.177

LICENSE #: NA 105
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Earth Dog Pet Spa
OWNER: Community Pet Center
ADDRESS: 387 Railroad Ave, Rutherfordton
TELEPHONE: (828) 748-5469
VMO HUNTER COUNTY KUTHERFORD

Number of Primary Enclosures 8
Animals Present: Dogs 5 Cats 2

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: 2/26/09 Time: 12:30

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

LICENSE #: N/A

TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel □ Pet Shop □ Public Auction □

BUSINESS NAME: EARTH DOG

OWNER: CONT

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>All Inadequacies Have Been Addressed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OK To License</td>
<td></td>
</tr>
</tbody>
</table>

□ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 2/6/07 Time: 12:30

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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