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: 35.42115   W: 81.93769

LICENSE #: 10644
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Loving Care Kennels
OWNER: Christine Klein
ADDRESS: 245 Airport Road, Rutherfordton N.C.
TELEPHONE: (628) 287-7040
VMO Hunter
COUNTY: Rutherford

Number of Primary Enclosures 25   Animals Present: Dogs 7   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
X 2. Ventilation & Temp.
X 3. Lighting
X 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
X 7. Structure & Repair
X 8. Space
X 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
X 24. Description of Animals
X 25. Records/Vet Treatment
X 26. Origin/Disposition
X 27. Signature (boarding kennel)
X 28. Written permission from owner for commingling (doggie daycare)

Transportation
X 29. Care in Transit Discussed

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 11/18/10   Time: 3:00

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 #:** 10449  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Loving Care Kennels  
**OWNER:** Christine Klein  
**ADDRESS:** 245 Airport Rd Rutherfordton N.C.  
**TELEPHONE:** (626) 287-2040

<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><img src="image.png" alt="Image of text" /></td>
<td><img src="text.png" alt="Text of explanation" /></td>
<td>![Date corrections](date corrections.png)</td>
</tr>
</tbody>
</table>

*Very nice, well maintained and organized facility*

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**APPROVED**  
**Inspector’s Signature**

**CONDITIONALLY APPROVED**  
**DISAPPROVED**  
**Owner/Authorized Agent’s Signature**

**Date:**  
**Time:** 3:00

**AW-2**  
**Rev. 1/07**  
**White= Office**  
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