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: 35.14573 W: 80.30167

LICENSE #: 105741
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☑ Public Auction ☑
BUSINESS NAME: Janina’s Pet Spa & Boarding
OWNER: Janina Naroliński
ADDRESS: 907 S. Oak Ridge Rd., Oaksboro NC
TELEPHONE: (704) 485-4000
VMO: Hunter
COUNTY: Stanly

Number of Primary Enclosures 35  Animals Present: Dogs 16  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: 7/11/17 Time: 12:21 p.m.

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
LICENSE #: 10574
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Janmaas Pet Spa & Boarding (CONT)
OWNER:
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>Last inspection 12/18/09: No inadequacies.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's inspection: Temperature is in range. Inspection: No inadequacies noted.</td>
<td></td>
</tr>
</tbody>
</table>

Approved ☑ Conditionally Approved ☐ Disapproved ☐

Date: 12/18/09 Time: 12:21 pm

Inspector's Signature: [Signature]
Owner/Authorized Agent's Signature: [Signature]

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