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: 36°30'47" W: 80°18'46"

LICENSE #: 10719
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ✗ Pet Shop □ Public Auction □
BUSINESS NAME: Betty's Boarding and Grooming
OWNER: 8832 W. Mary Ln., Westfield
ADDRESS:
TELEPHONE: (336) 893-8832
VMO COUNTIES
Number of Primary Enclosures 16 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

SPECIAL ITEMS

Records
19. Description of Animals
20. Records/Vet 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

29. Care in Transit Discussed

Veterinary Care

30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 10/6/05 Time: 13:00

Inspector's Signature: Sherry L. Swain
Owner/Authorized Agent’s Signature: Betty Tremmel

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

PAGE 1 OF 2
### ANIMAL WELFARE INSPECTION CONTINUATION PAGE

**LICENSE #:** 10779  
**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □  
**BUSINESS NAME:** Betty's Boarding and Grooming  
**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>No Inadequacies at this time</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □ DISAPPROVED**  
Date: Oct 19, 2016  Time: 13:00  

**Inspector's Signature:**  
**Owner/Authorized Agent’s Signature:**

---

**AW-2**  
Rev: 1/07  
White: Office  
Canary: Inspector  
Pink: Owner  
PAGE 2 OF 2