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: 34° 29' 17"  W: 80° 37' 02"

LICENSE #: 1087
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Sueda's 302
OWNER: 692 S Andy Griffith Hwy
ADDRESS: Cary
TELEPHONE: (919) 783-1897
VMO: M:
COUNTY: Wake

Number of Primary Enclosures: 4 Animals Present: Dogs ☐ Cats ☐

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
☒ 24. Description of Animals
☒ 25. Records/Vet Treatment
☒ 26. Origin-Disposition
☒ 28A. Signature (boarding kennel)
☒ 28A. Written permission from owner for commingling (doggie daycare)

HUSBANDRY

☒ 19. Adequate Feed/Water
☒ 20. Food Storage
☒ 21. Personnel
☒ 22A. 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: 7/16/10 Time: 14:00

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 #: 10817
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction
BUSINESS NAME: PetSense 202
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>
</table>

No Inadequacies at this facility
Great job!

☑ APPROVED □ DISAPPROVED Date: Oct 19, 2007 Time: 14:00

Shelly Smith
Inspector’s Signature

<table>
<thead>
<tr>
<th>White= Office Canary= Inspector Pink= Owner</th>
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