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: 34.31219 W: 80.81761

LICENSE #: 10545
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel X Pet Shop □ Public Auction □
BUSINESS NAME: Trang Ho's
ADDRESS: 341 Noah Ho's Rd State Rd; NC
COUNTY: Summ

Number of Primary Enclosures Animals Present: Dogs 10 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 comingling (doggie daycare)

Transportation
□ 29. Care in Transit Discussed

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

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 #: 10545
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Quail Hill Pet Kennels
OWNER: Troy Hays
ADDRESS: 504 North Hays Rd. Statesville, NC
TELEPHONE: (336) 366-2513

<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>Place is clean &amp; looks great. Keep up the good work.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED  
Date: 9/17/07  Time: 3:00 PM

Signature: 

Inspector’s Signature

Owner/Authorized Agent’s Signature

White= Office  Canary= Inspector  Pink= Owner

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