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°11.0884 W: 80°4.6433

LICENSE #: 4U8

TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐

BUSINESS NAME: Angels Dog Rescue & Adoption

OWNER: Kimber Hill

ADDRESS: 335 N. Zebulon Williams Rd. Monroe NC

TELEPHONE: (704) 453-1732

VMO Hunter

COUNTY Union

Number of Primary Enclosures 35 Animals Present: Dogs 3 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
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 ☑

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 ☑

APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 9/7/10 Time: 10:51am

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 #: N/A**

**TYPE FACILITY:** Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐

**BUSINESS NAME:** Angel's Pet Rescue & Adoption

**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 7-29-10 it was not ready for licensing at that time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's Inspection:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Temporary rescue area has been set up &amp; useable at this time. Plans are still in the works for building a new facility.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Facility or to issue license at this time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Continue to work on exercise area w/ covering.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Temperature today was 80*.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** ☒  Date: 7-7-10  Time: 10:50am

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

**AW-2**
Rev. 1/07

White= Office  Canary= Inspector  Pink= Owner

**PAGE 2 OF 2**