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°05′42″ W: 80°35′36″

LICENSE #: 108116
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Bow Wow Barber Shop & Kennel
OWNER: Deanna Cannon
ADDRESS: 4705 Rocky River Rd. Indian Trail NC
TELEPHONE: (704) 847-8513
VMO Hunter
COUNTY Union

Number of Primary Enclosures 10 Animals Present: Dogs 15 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)

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

Date: 7-29-10 Time: 11:12am

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
LICENSE #: 10816
TYPE FACILITY: Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop  □ Public Auction  □
BUSINESS NAME: Bow Wow Barber Shop + Kennel
OWNER:
ADDRESS: (CONT)
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 9-14-09: No Inadequacies.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today’s Inspection: Reseal or repaint any pealed surfaces.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED  □ CONDITIONALLY APPROVED □ DISAPPROVED

7-30-10  11:12am

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 2 OF 2