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: ___________ W: ___________

LICENSE #: 10574
TYPE FACILITY: Animal Shelter (Private/Public) □ □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Janneis Pet Spa & Boarding
OWNER: 907 S. oak Ridge Rd. Dallas
ADDRESS: □
TELEPHONE: (704) 985-4000
VMO □ □ COUNTY □

Number of Primary Enclosures 35 Animals Present: Dogs 4 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
☐ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☐ 26. Signature (boarding kennel)
☐ 27. Written permission from owner for commingling (doggie daycare)

Transportation
☐ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

Date: 06/05/2009 Time: 15:25

Owner/Authorized Agent’s Signature

Approved □ Disapproved □

Inspector’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10574
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Janmas Pet Spa Boarding
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>
<tbody>
<tr>
<td></td>
<td>No Inadequacies noted at this inspection.</td>
<td></td>
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</tbody>
</table>

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  Date: 09/09/09  Time: 15:28

Shelly Jones  Owner/Authorized Agent’s Signature

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

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