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°37'03.0" W: 77°9'53'87"

LICENSE #: 10768
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Dog Nite Pet Resort & Spa
OWNER: Katelyn Murphy
ADDRESS: 104 Smith Barley Blvd, Goldsboro, NC 27534
TELEPHONE: (919) 778-4456
VMO Sholar
COUNTY Wayne

Number of Primary Enclosures 13 Animals Present: Dogs 0 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 commingling (doggie daycare)

Transportation
□ 29. Care in Transit Discussed

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 10/11/13 Time: 11:15 AM

Inspector's Signature: [Signature]
Owner/Authorized Agent's Signature: [Signature]

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10768
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☑ Pet Shop □ Public Auction □
BUSINESS NAME: Doggie Nite Pet Resort & Spa
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>
|             | Follow-up from 9/29/09  
Owner closed this boarding facility on 12/31/09.  
There are still items from the 9/29/09 inspection that need to be addressed if another person opens the facility. Refer to 9/29/09 report.  
The owner stated another person is considering opening the facility. AW regulations and licensing application was left for the possible new owner.  
It was made clear no one can operate this business until all items are addressed fully. | |

□ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED  
Date: 12/11/10 Time: 11:15 AM

Inspector’s Signature  
Owner/Authorized Agent’s Signature

AW-2  
Rev. 1/07  
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