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: 36.08379 W: 81.09088

LICENSE #: 19
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Wills & Co Animal Control
OWNER:
ADDRESS:
TELEPHONE: (336) 403-7688
VMO: X
COUNTY: Wilkes

Number of Primary Enclosures: 76
Animals Present: Dogs 50 Cats 21

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 ☐ DISAPPROVED Date: April 26, 2011 Time: 09:30

Inspector’s Signature: T
Owner/Authorized Agent’s Signature: T

AW-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (Circled Items above) And Date Corrections Recommendation For Compliance</th>
<th>Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inadequacies Corrected since last inspection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All interior doors have been replaced</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kennel flooring has been repainted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sliding gate to cat area has been repaired</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All damaged kennel gates have been repaired</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No inadequacies noted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There was no sign of illness in general population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility looks great</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED  □ DISAPPROVED  Date: April 26, 2011  Time: 09:00

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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