**Type of Inspection**
New ☐ _____
Annual ☐ _____
Follow-Up Aug 12 08
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

**NCDA&CS, VETERINARY DIVISION**
**ANIMAL WELFARE SECTION**
**1030 MAIL SERVICE CENTER,**
**RALEIGH, NC 27699-1030**
**PHONE: 919/715-7111, FAX: 919/733-6431**

**INDOOR** ☒
**OUTDOOR** ☐
**BOTH** ☐

ENTERED

# ANIMAL WELFARE INSPECTION

**GPS Coordinates - N:** 35.77140 **W:** 80.26009

**LICENSE #:** 10761
**TYPE FACILITY: Animal Shelter (Private/Public)** ☐ **Boarding Kennel** ☐ **Pet Shop** ☒ **Public Auction** ☐
**BUSINESS NAME:** All for Pets LLC
**OWNER:** Lori Clinger
**ADDRESS:** 1981 Cotton Grove Rd Lexington
**TELEPHONE:** (336) 357-7387
**VMO** Hunter
**COUNTY** Davidson

**Number of Primary Enclosures** 6 **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
- ☒ 9. Ventilation & Temp.
- ☒ 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

☒ **APPROVED** Conditionally ☐ **DISAPPROVED** Date: Jan 13, 2009 Time: 11:06

Shelley J. Swain
**Inspector's Signature**

**Owner/Authorized Agent's Signature**

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

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# ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10761
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: All for Pets LLC
OWNER:
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| (12) (2) | Odor increased throughout facility Increase ventilation and cleaning frequency | |
| (13) (5) | Storage areas are cluttered and dirty. Clean and organize these areas - making sure accessories are stored properly to prevent contamination and infestation | |
| (16) | Bathroom is crowded with junk and supplies - clean out and organize | |
| (18) | Overall sanitation and cleanliness is poor throughout facility - bedding shavings and food on floor - etc | |
| | Have all inadequacies corrected by Feb 15, 2009 | |

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 1/13/09 Time: 11:06

Shelley Swain
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner