Type of Inspection
New ☒ 7/12/07
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

DA&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 ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.324334 **W:** 78.605996

LICENSE #: 10738
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Bed + Biscuit
OWNER: Lynne Bastian
ADDRESS: 306 College ST Oxford NC 27565
TELEPHONE: (919) 690-1330
VMO Granville Bonquist
COUNTY Granville

Number of Primary Enclosures 8 **Animals Present: Dogs** Ø **Cats** Ø

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 Explain
- ☒ 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** ☐ **DISAPPROVED** Date: 7/13/07 Time: 11:15am

J. S. Blyn
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

DA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Bed & Biscuit
OWNER: Lynne Bastian
ADDRESS: 306 College ST Oxford NC 27565
TELEPHONE: (919) 690-1530

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	This Facility is new and in the start-up stage. I met with Mr. Bastian and we discussed the operation of this Facility under the AWA.	
	We did discuss some issues that need to be addressed. This Facility will be an indoor kennel (Facility).	
	1) Put a barrier between the cages so there is no cross-contamination. Mr. Bastian is going to install metal barriers.	
	2) In the play yard area is now grass. I did not observed many bare spots. I talked about the 6" of gravel. Mr. Bastian is going to gravel small areas in the back yard play area.	
	3) We discussed about food storage and other husbandry issues.	
	4) I explained how the records should be kept in reference description of animals, vet treatment, signatures and about written permission on commingling.	
	All other issues involving a facility were discussed. This Facility is in good shape, and will be within compliance.	
	I will be back within 30 days to observe the facility operation.	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 7/12/07 Time: 11:30am

J.C. B[illegible]
Inspector's Signature

[signature]
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner