Type of Inspection
New ☐ _____
Annual ☒ _____
Follow-Up _____
(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 10-27-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.34771 **W:** 77.86807

LICENSE #: 10025
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: A Dog's Dream
OWNER: Michele LeBlanc
ADDRESS: 5509 N Blue Clay Rd., Castle Hayne, NC 28429
TELEPHONE: (910) 675-0756
VMO Sholar
COUNTY New Hanover

Number of Primary Enclosures 38 **Animals Present: Dogs** 17 **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 — N/A
☒ 23. Animals' Appearance

SPECIAL ITEMS

Records
☒ 24. Description of Animals
☒ 25. Records/Vet Treatment
☐ 26. Origin/Disposition — N/A
☒ 27. Signature (boarding kennel)
☐ 28. Written permission from owner for commingling (doggie daycare) — N/A

Transportation
☒ 29. Care in Transit Discussed

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

☒ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 10-27-08 Time: 10:00 Am

Robin Sholar
Inspector's Signature

Michele LeBlanc
Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
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ENTERED 10-27-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10025
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: A Dog's Dream
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Comments:	
	Owner now has started adding the strenght of meds on the medical log.	
	Owner has not added the extra gravel yet - Plans to have this Completed by next inspection.	
	Kennel is Clean, records are in order.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 10-27-08 Time: 10:00 Am

Pat M. Shelar
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner