Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 10/6/08
(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 ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.08137 **W:** 80.65574

ENTERED

LICENSE #: 10531
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☑ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Friends
OWNER: Pat and Peggy O'Connor
ADDRESS: 201 Allen Way Rd Indian Trail
TELEPHONE: (704) 882-0894
VMO Hunter
COUNTY Union

Number of Primary Enclosures 14 **Animals Present: Dogs** 9 **Cats** _____

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** ☐ **DISAPPROVED** Date: Nov 24, 2008 Time: 11:00

[signature] **Inspector's Signature**

[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 #: 10531
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Friends
OWNER: cont
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
1	Kennel floors have been resealed	
	Looks good	
15	Food receptacles have been replaced	
	Keep updating records	
	Complete caulking around edges of shower board	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 11/24/08 Time: 11:00

Shelley J. Swain
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner