Type of Inspection
New ☒ 8-25-14
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 ☑

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.07594 **W:** 79.27168

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: TJS Bed+Biscuit
OWNER: Terry Combs
ADDRESS: 707 Boseland Rd. Aberdeen NC, 28315
TELEPHONE: (910) 695-5197
VMO Hunter
COUNTY Moore

Number of Primary Enclosures 8 **Animals Present: Dogs** ~~4~~ 5 **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
- ☑ 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: 8-25-14 Time: 1:20pm

Elizabeth Garner
Inspector's Signature

Terry J. Combs
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: TJ's Bed & Biscuit
OWNER: (CONT)
ADDRESS:
TELEPHONE: (____)____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	New facility inspection performed today.	
	#18: Cover or Poly-Eurithan wood post.	
	#25; 27; 28 = Records:	
	- Medication Log } 1 year.	
	- Exit Signature Form }	
	- Written permisson from owners for play-time w/ other animals.	
	Facility is clean & odor free w/ no apparent signs of disease or illness. And housing areas are within regulations.	
	Approved for licensing today.	

☒ APPROVED ☐ DISAPPROVED Date: 8-25-14 Time: 1:20 pm

Elizabeth Garner
Inspector's Signature

Terri J. Combs
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner