**Type of Inspection**
- New ☐
- Annual ☑
- Follow-Up ☐

(Prev. Inspection Date)
- Complaint ☐
- Courtesy ☐
- Random ☐

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(Prev. Inspection Date)
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- Random ☐

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

**ANIMAL WELFARE INSPECTION**

**GPS Coordinates**
- N: 34° 7' 36.4"
- W: 76° 8' 16.04"

**LICENSE #: 10765**
**TYPE FACILITY:** Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
**BUSINESS NAME:** Body Biscuit Pet Care
**OWNER:** Shelly O'Neill and Brandy Cole
**ADDRESS:** 167 Little Anne Rd. Murfreesboro, NC 28557
**TELEPHONE:** (336) 340-5447
**COUNTY:** CMR

**Number of Primary Enclosures:** 4
**Animals Present:** Dogs 37, Cats 1

**Structure**

<table>
<thead>
<tr>
<th>Housing Facilities</th>
<th>Sanitation</th>
<th>Husbandry</th>
<th>Special Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Storage</td>
<td>15. Equipment &amp; Supplies</td>
<td>23. Animals’ Appearance</td>
<td>27. Signature (boarding kennel)</td>
</tr>
</tbody>
</table>

**Transportation**
- 29. Care in Transit Discussed

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

**INSPECTOR:** Mark “X” in each box if adequate. Circle each item number, if inadequate. Use NA if not applicable

**APPROVED ☑ DISAPPROVED ☐**
- Date: 12/20/11
- Time:

**Inspector’s Signature:** [Signature]

**Owner/Authorized Agent’s Signature:** [Signature]

**PAGE 1 OF 7**
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10765
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Bed & Basket Pet Cards
OWNER:
ADDRESS:
TELEPHONE: (____) ________

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOTE * 15 CAT ROOM SOLAR NEEDS RECOVING TO ON</td>
<td></td>
</tr>
<tr>
<td></td>
<td>REMOVIE THE ALLOWED CONT MENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE * 24 DESCRIPTION: TAKING COLOR MALE CATS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WHERD ABODED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE * 25 NOTE 0 TIME ON TREATMENTS</td>
<td></td>
</tr>
</tbody>
</table>

✓ APPROVED  □ DISAPPROVED  Date: 27/04/2011  Time:  

Inspector’s Signature:  Owner/Authorized Agent’s Signature: 

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