DA&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: 35.07808 W: 77.05646

LICENSE #: 10490
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: A Dog's Dream
OWNER: Dan Lanning
ADDRESS: 1819 A Roanoke Track Rd, New Bern, NC 28560
TELEPHONE: (252) 514-3362
VMO ☐
COUNTY Craven

Number of Primary Enclosures 57 Animals Present: Dogs 14 Cats 0

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

STRUCTURE

1. Housing Facilities
   a. Structure & Repair
   b. Ventilation & Temp.
   c. Lighting
   d. Ceiling, Wall, Floors
   e. Storage
   f. Water Drainage

2. Primary Enclosures
   a. Structure & Repair
   b. Space
   c. Ventilation & Temp.
   d. Adequate Shelter

SANITATION

1. Waste Disposal
2. Odor
3. Ceiling, Wall, Floors
4. Primary Enclosures
5. Equipment & Supplies
6. Washrooms, Sinks, Basins
7. Insect/Vermint Control
8. Building & Grounds

SPECIAL ITEMS

1. Records
2. Description of Animals
3. Records/Vet Treatment
4. Origin/Disposition
5. Signature (boarding kennel)
6. Written permission from owner for commingling (doggie daycare)

HUSBANDRY

1. Adequate Feed/Water
2. Food Storage
3. Personnel
4. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
5. Animals' Appearance

APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 8/5/11 Time: 5:30 pm

Owner/Authorized Agent’s Signature

Inspector’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: ________________________________
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: A Dog's Dream
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>Facility has changed name from Camp Bow Wow to A Dog's Dream.</td>
<td>7/19/10 Follow-up inspection today - New licensing inspection as well.</td>
<td></td>
</tr>
<tr>
<td>Items Addressed from 7/19/10:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Gate has been removed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Day care is in compliance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Tim is logged on med log.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. All food is stored properly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Waste Scoops are clean.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Chewed privacy fence strips have been replaced.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Kennels are clean off dust.</td>
<td>Temperatures were 73° at 5:00 PM.</td>
<td></td>
</tr>
</tbody>
</table>

Item To Address:
| 15. Plastic play equipment - smooth chewed areas so cleanliness is more effective. |

☑ APPROVED □ DISAPPROVED Date: 8/25/10 Time: 5:00 PM

Inspector's Signature: ____________________________ Owner/Authorized Agent's Signature: ____________________________

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

PAGE 1 OF 2