NCDA&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: 35.09028 W: 78.98190

LICENSE #: 10647
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Caroline Boarding & Grooming
OWNER: Bob Crawford
ADDRESS: 402 Santa Fe Trail, Cary, NC 28302
TELEPHONE: (919) 484-3656
VMO □
COUNTY Cumberland

Number of Primary Enclosures 20 Animals Present: Dogs 6 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
□ 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

SPECIAL ITEMS

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

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 □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date 01/26/09 Time: 5:00 PM

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

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**Item Number** | **Explanation of Inadequacy (circled items above) And Recommendation For Compliance** | **Date Corrections Must Be Completed**
---|---|---
1) Sick Room - Scratch marks on cage and door and door molding need to be repaired or replaced.
2) Sick Room - One set of lights is not working - Compl.
3) Medical Log - Stop taking unidentified medications and enter name and strength of medication on the medical log.

Temperature are in range. No sign of illness noted.

The above 3 items must be addressed before next inspection.

☑ APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  Date: 9/12/09  Time: 4:29 p.m.

**Inspector's Signature**

**Owner/Authorized Agent’s Signature**

AW-2
Rev. 1/07

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