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° 09'02"  W: 78° 98'19"

LICENSE #: 10647
TYPE FACILITY: Animal Shelter (Private/Public) □  Boarding Kennel □  Pet Shop □  Public Auction □
BUSINESS NAME: Caroline Boarding & Grooming
OWNER: Bob Crawford
ADDRESS: 408 Sante Fe Trail, Fayetteville, NC 28303
TELEPHONE: (910) 484-3656
VMO □  COUNTY □

Number of Primary Enclosures 20  Animals Present: Dogs 1  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

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
24. Description of Animals
25. Records of Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel)
28. Written permission from owner for commingling (doggie daycare)
29. Care in Transit Discussed
30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED □  CONDITIONALLY APPROVED □  DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

DATE: 12/19/08  TIME: 12:05pm

PAGE 1 OF 2
**Item Number** | **Explanation of Inadequacy (circled items above) And Recommendation For Compliance** | **Date Corrections Must Be Completed**
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25 | *Medical Log* - Owner did not understand the details of how their medical log should be maintained. Fully explained the regulations. Advised owner to keep the records for 1 year. *Comments:* Boarding area is clean and in good repair. Owner understands to start using a medical log as soon as there are boarders on medication. | 

**Approved** □ **Conditionally Approved** □ **Disapproved**

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

Date: 12/16/08 Time: 12:00 pm

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**AW-2**  
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**PAGE 2 OF 2**