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°46'40.5"  W: 8°14'15.3"

LICENSE #: 10177
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME: BRIARWOOD BOARDING
OWNER:
ADDRESS: 1437 JOHN GREEN RD W-S
TELEPHONE: (334) 769-2649
VMO: HUNTER
COUNTY: DAVIDSON

Number of Primary Enclosures 114  Animals Present: Dogs 9  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

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
23. Description of Animals
24. Records/Vet Treatment
25. Origin/Disposition
26. Signature (boarding kennel)
27. Written permission from owner for commingling (doggie daycare)

Transportation
28. Care in Transit Discussed

Veterinary Care
28. Isolation Facility
29. No Signs of Illness/Treated

APPROVED  [ ] DISAPPROVED

Date: 12/10/2007 Time: 12:13

Inspector’s Signature

Owner/Authorized Agent’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:** Briarwood Boarding

**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>Plastic mats are chewed and damaged. Replace as needed.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** GREAT JOB!

**APPROVED**

**DISAPPROVED**

**Date:** 12/10/2007   **Time:** 12:13

**Inspector’s Signature:**

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

**AW-2**

**Rev. 1/07**

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