

Type of Inspection
 New _____
 Annual _____
 Follow-Up _____
 (Prev. Inspection Date)
 Complaint _____
 Courtesy _____
 Random _____

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

INDOOR
 OUTDOOR
 BOTH

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: W:

LICENSE #: 10443
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Best Friends Pet Care
 OWNER: Kim Gaul
 ADDRESS: 2617 Shady Grove Rd Durham NC 27703
 TELEPHONE: (919) 596-0235
 VMO: AutoTel
 COUNTY: Durham

Number of Primary Enclosures 180 Animals Present: Dogs 45 Cats 5

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
 9. Ventilation & Temp.
 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**
 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
 Date: 7/14/09 Time: 10:30 AM
 Inspector's Signature: J. E. Flynn Owner/Authorized Agent's Signature: [Signature]

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