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°24'00.5" W: 81°15'56.5"

LICENSE #: 203860
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: LAST PLACE ON EARTH #2
OWNER: BRIAN MURRAY
ADDRESS: 100 E FRANKLIN 88054
TELEPHONE: (704) 864-3722
VMO ☐ HUNTER ☐
COUNTY ☐(GASTON

Number of Primary Enclosures 8 Animals Present: Dogs 3 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

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)

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

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED

Date: 5/20/10 Time: 11:17

Inspector’s Signature

AW-2
Rev. 1/07

Owner/Authorized Agent’s Signature

Canary= Inspector
Pink= Owner

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 20896**
**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

**BUSINESS NAME:** LAST PLACE ON EARTH #2

**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><strong>NO INADEQUACIES NOTED AT TIME OF INSPECTION</strong></td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** □ CONDITIONALLY APPROVED □ DISAPPROVED

**Date:** 9/14  **Time:** 4:17

**Inspector’s Signature:**

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

**White:** Office  **Canary:** Inspector  **Pink:** Owner

**PAGE 2 OF 2**