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: 35.92467 W: 79.52816

LICENSE #: 591
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Project Baring Home Greyhound
OWNER: Kim Brown
ADDRESS: 7015 Edgewood Road Raleigh, NC
TELEPHONE: (336) 313-5774
VMO
COUNTY Guilford

Number of Primary Enclosures__________ Animals Present: Dogs 10 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

Date: ________________________ Time: ________________________

Inspector’s Signature

Owner/Authorized Agent’s Signature
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**License #: 89**

**Type Facility:** Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □

**Business Name:** Project Racing Home - Greyhound Racing Foundation

**Owner:**

**Address:** 7015 Faulkner Road, Raleigh, NC

**Telephone:** 351-624-5777

<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>- Keep food in sealed containers instead of bowl. Asked one pic of how his</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- give all of box diet. Told it about a foot and what</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Clean &amp; smell great job.</td>
<td></td>
</tr>
</tbody>
</table>

Type line May 5, 2008 to get program explained & rest.

**Approved □ Disapproved □**

**Date:** 5/11/08

**Time:**

**Inspector's Signature:**

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

**Canary - Inspector:**

**Pink - Owner:**

**AW-2**

**Revised 1/07**

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