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° 8' 44.98" W: 80° 7' 33.23"

LICENSE #: 1046
TYPE FACILITY: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Circle of Friends
OWNER: Ms. Jennifer Reed
ADDRESS: 850 Stag Head Rd
TELEPHONE: (704) 459-7920
VMO Yeast
COUNTY Crandell

Number of Primary Enclosures □ 0 □ on available
Animals Present: □ Dogs □ Cats

Inspector: Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable for Disposal Edition

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: 5/1/07 Time: 10:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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