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: 35.04357  W: 80.86424

LICENSE #: 10474
type Facility: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: BEST FRIENDS
OWNER: 
ADDRESS: 10301 FELDFARM LANE CHARLOTTE
TELEPHONE: (704) 752-0504
VMO HUNTER
COUNTY MECK

Number of Primary Enclosures 222 Animals Present: Dogs 20 Cats 4

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
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

29. Care in Transit Discussed

VETERINARY CARE

30. Isolation Facility
31. No Signs of Illness/ Treated

APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 7/29/08 Time: 11:01

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

**LICENSE #: 104760**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Best Friends

**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>COMPLAINT AWS WO - DOG CONTAMINATED WITH URINE WHEN WO FROM PRODUCER FACILITY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>SPOKE W COMA AND NUR OF FACILITY - COMA STATED TO ME THAT HE HAD BEEN USING FACILITY SINCE THEY HAD OPENED AND NEVER HAD A PROBLEM AND HAD ALWAYS BEEN HAPPY WITH CARE GIVEN.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>MED OFFERED TO PAY ANY COSTS ASSOCIATED WITH INCIDENT - BECOMING YET ETC AND SHE STATED THIS HAD NEVER HAPPENED BEFORE THEY WERE SHORT HANDED AND AN EMPLOYEE HAD OVERLOOKED THE FACT THAT THE DOG NEEDED A BATH BEFORE P/U</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>THIS SEEMS TO BE A VERY ISOLATED INCIDENT - SPOKE WITH NUR ABOUT REVIEWING RELATED POLICIES AND PROCEDURES - INSPECTED PRIMARY ENCLOSURE WHERE DOG WAS HOUSED AND THERE WAS NO CROSS CONTAMINATION ISSUES.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>OPEN FOOD NEEDS TO BE STORED IN SEALED CONTAINERS</strong></td>
<td><strong>DONE AT TIME OF INSPECT</strong></td>
</tr>
<tr>
<td></td>
<td><strong>ADD TIME TO TREATMENT RECORDS (Meds)</strong></td>
<td></td>
</tr>
</tbody>
</table>

☑ **APPROVED**  
☐ **CONDITIONALLY APPROVED**  
☐ **DISAPPROVED**  
**Date:** 7/29/08  
**Time:** 11:01

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

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

**PAGE 2 OF 2**