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°16'62.5" W: 79°40'31.3"

LICENSE #: 10402
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Dog's Best Friend
OWNER: Bruce Warner
ADDRESS: 1070 Brook St Ext Southern Pines NC 28387
TELEPHONE: (910) 695-3647
VMO □ Moore
COUNTY □

Number of Primary Enclosures 43 Animals Present: Dogs 11 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

TRANSPORTATION
☑ 29. Care in Transit Discussed

VETERINARY CARE
☑ 30. Isolation Facility
☑ 31. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED
Date: 5/14/09 Time: 10:50 AM

Inspector: Owner/Authorized Agent’s Signature

Inspector’s Signature

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

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

LICENSE #: 10407

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

**BUSINESS NAME:** N. 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>#18</td>
<td>Owner getting ready to install more gravel in the outside play yard.</td>
<td></td>
</tr>
<tr>
<td>#18</td>
<td>Wire needs to be made sure chain link is in good repair. Fix and replace any bad chain link.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** □ CONDITIONALLY APPROVED □ DISAPPROVED  

**Inspector’s Signature:**  

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

**White= Office**  

**Canary= Inspector**  

**Pink= Owner**  

**AW-2**  

**Rev. 1/07**  

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