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: 34.34771 W: 77.86807

LICENSE #: 10025
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ❑ Pet Shop □ Public Auction □
BUSINESS NAME: A Dog's Dream
OWNER: Michele LeBlanc
ADDRESS: 5509 N Blue Clay Rd, Castle Hayne, NC 28469
TELEPHONE: (910) 675-0756
VMO: Shelter
COUNTY: New Hanover

Number of Primary Enclosures: 38
Animals Present: Dogs: 17
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
❑ 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

❑ 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

X APPROVED ❑ CONDITIONALLY APPROVED ❑ DISAPPROVED

Date: 10/27/86 Time: 10:04 AM

Owner/Authorized Agent’s Signature:

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

PAGE 1 OF 2
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<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>Comments:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Owner now has started adding the street of meds on the medical log.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Owner has not added the extra gravel yet - plan to have this completed by next inspection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kennel is clean, records are in order.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

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