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: 34.34791 W: 77.86807

LICENSE #: L0025
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel x Pet Shop □ Public Auction □
BUSINESS NAME: A Dog's Dream
OWNER: Michele LaBlanc
ADDRESS: 5509 N. Blue Clay Rd, Castle Hayne, NC 28429
TELEPHONE: (910) 675-0756
VMO Sholar
COUNTY: New Hanover

Number of Primary Enclosures: 38 Animals Present: Dogs 18 Cats 0

Inspector: Mark "X" in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable

 estructure

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

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 8/3/09 Time: 9:15 AM

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

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

**LICENSE #: 15025**

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

**BUSINESS NAME:** A Dog's Dream

**OWNER:** [Cont.]

**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>Comments:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temperature was 78°C at 9:30.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Owner has added additional ground at the kennel.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Records - Owner is logging med. straight to medical log. Other records are adequate.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** □ CONDITIONALLY APPROVED □ DISAPPROVED

**Inspector’s Signature**

**Date:** 3-5-07 **Time:** 9:15am **Owner/Authorized Agent’s Signature**

**AW-2** Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner