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: 35.81045 W: 79.75895

LICENSE #: 10979
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☑ Pet Shop □ Public Auction □
BUSINESS NAME: Almost Home Kennel
OWNER: 3666 Bethany Church Rd Franklinville
ADDRESS: 498-4803
TELEPHONE: (334)
VMO Hunter County
COUNTY

Number of Primary Enclosures 22 Animals Present: Dogs 10 Cats 3

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

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 9/15/08 Time: 12:42

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
<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>30</td>
<td>Several open bags of feed noted. Store all food in sealed containers.</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Color/Markings lacking from description of animals.</td>
<td></td>
</tr>
</tbody>
</table>

All Inadequacies addressed at time of inspection.

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Approved: [Signature]

Conditionally Approved: [Signature]

Disapproved: [Signature]

Date: 9/1/18

Time: 10:42

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]