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: 79.75893

LICENSE #: 10776
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Almost Home Kennel
OWNER: 
ADDRESS: 3600 Bethany Church Rd
TELEPHONE: (386) 496-4803
VMO Hunter
COUNTY Randolph

Number of Primary Enclosures 22  Animals Present: Dogs 5  Cats 1

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: 9/30/07  Time: 09:32

Inspector's Signature
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07
White=Office  Canary=Inspector  Pink=Owner
**LICENSE #: 10770**  
**TYPE FACILITY:** Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐  
**BUSINESS NAME:** Almost Home  
**OWNER:**  
**ADDRESS:** CONT  
**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>20</td>
<td>Several open bags of dog food noted during inspection. Store open bags of food in sealed containers. Done at time of inspection - it was AM feeding time and food had not been replaced - no inadequacy.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐**  
Date: 9/14/09 Time: 09:32  

**Inspector’s Signature**  
Signature  

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

**AW-2**  
Rev. 1/07  
White= Office  
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