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° 74.5940 W: 79° 50.9310

LICENSE #: 10839
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Barbara’s Boarding Cottage
OWNER: Barbara J. Cluck
ADDRESS: 1850 Bluffs Farm Rd., Laurinburg NC 28352
TELEPHONE: (910) 226-5113
VMO Hunter
COUNTY Scotland

Number of Primary Enclosures 18 Animals Present: Dogs ☐ Cats ☐

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

3-31-16
Date: 10:30 AM

APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10889
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Rans Boarding
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></td>
<td>last inspection 9-2-09:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Ventilation is good today, no odor.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Owner has created a compost pile since last inspection.</td>
<td></td>
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<tr>
<td></td>
<td>3. Owner has addressed drainage issues since last inspection on request of City.</td>
<td></td>
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<tr>
<td></td>
<td>4. Facility has received zoning permit since last inspection from City.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's inspection:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#901 temperature is 60° this am. Advised owner to keep temperature in facility between 60° and 80°.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No other inadequacies noted at this inspection.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED

Inspector's Signature

Conditionally Approved

Date: 3-31-10
Time: 10:30am

Owner/Authorized Agent's Signature

Disapproved

White= Office
Canary= Inspector
Pink= Owner

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