

**NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431**

INDOOR	<input type="checkbox"/>
OUTDOOR	<input type="checkbox"/>
BOTH	<input checked="" type="checkbox"/>

Type of Inspection	
New	<input type="checkbox"/>
Annual	<input checked="" type="checkbox"/>
Follow-Up	<input type="checkbox"/>
(Prev. Inspection Date) _____	
Complaint	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>
Random	<input type="checkbox"/>

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35 . 95881 W: 78 . 48761

LICENSE #: 10038
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Cobble Hill Bed & Biscuit
 OWNER: Bill & Patty Pace
 ADDRESS: P.O. Box 31 Wake Forest NC 27588
 TELEPHONE: (919) 556-1177
 VMO: Kromquist
 COUNTY: Wake

Number of Primary Enclosures 130 Animals Present: Dogs 72 Cats 11

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

*No Problems
 Noted, Facility
 is well WITH-IN
 Compliance.*

STRUCTURE

- Housing Facilities**
- 1. Structure & Repair
 - 2. Ventilation & Temp.
 - 3. Lighting
 - 4. Ceiling, Wall, Floors
 - 5. Storage
 - 6. Water Drainage

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**
- 23. Description of Animals
 - 24. Records/Vet Treatment
 - 25. Origin/Disposition
 - 26. Signature (boarding kennel)
 - 27. Written permission from owner for commingling (doggie daycare)

Primary Enclosures

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

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

- 28. Care in Transit Discussed

Veterinary Care

- 28. Isolation Facility
- 29. No Signs of Illness/Treated

APPROVED **DISAPPROVED**

Date: 7/20/07 Time: 2:50pm

J. E. [Signature]
 Inspector's Signature

[Signature]
 Owner/Authorized Agent's Signature

AW-2
 Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner