Type of Inspection
New ☐ _____
Annual ☒ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☒ _____
Courtesy ☐ _____
Random ☐ _____

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

INDOOR ☒
OUTDOOR ☐
BOTH ☐

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.09357 **W:** 80.86424

LICENSE #: 10476
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: BEST FRIENDS
OWNER:
ADDRESS: 10301 FELDFARM LANE CHARLOTTE
TELEPHONE: (704) 752-0504
VMO HUNTER
COUNTY MECK

Number of Primary Enclosures 222 **Animals Present: Dogs** 120 **Cats** ~~0~~ 4

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
☒ 9. Ventilation & Temp.
☒ 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

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

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)

Transportation
☒ 29. Care in Transit Discussed

Veterinary Care
☒ 30. Isolation Facility
☒ 31. No Signs of Illness/ Treated

☒ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 7/29/08 Time: 11:01

Shelley J Swaim
Inspector's Signature

K S Shapiro
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10476
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: BEST FRIENDS
OWNER: CONT
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	COMPLAINT AWS 60 - DOG CONTAMINATED WITH URINE WHEN P/U FROM BOARDING FACILITY	
	SPOKE W COMP AND MGR OF FACILITY - COMP STATED TO ME THAT HE HAD BEEN USING FACILITY SINCE THEY HAD OPENED AND NEVER HAD A PROBLEM AND HAD ALWAYS BEEN HAPPY WITH CARE GIVEN.	
	MGR OFFERED TO PAY ANY COSTS ASSOCIATED WITH INCIDENT - GROOMING VET ETC AND SHE STATED THIS HAD NEVER HAPPENED BEFORE THEY WERE SHORT HANDED AND AN EMPLOYEE HAD OVERLOOKED THE FACT THAT THE DOG NEEDED A BATH BEFOR P/U	
	THIS SEEMS TO BE A VERY ISOLATED INCIDENT - SPOKE WITH MGR ABOUT REVIEWING RELATED POLICIES AND PROCEDURES - INSPECTED PRIMARY ENCLOSURE WHERE DOG WAS HOUSED AND THERE WAS NO CROSS CONTAMINATION ISUES.	
20	OPEN FOOD NEEDS TO BE STORED IN SEALED CONTAINERS	DONE AT TIME OF INSPECT
25	ADD TIME TO TREATMENT RECORDS (MEDS)	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 7/29/08 Time: 11:01

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
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