**Type of Inspection**
New ☐ _____
Annual ☐ _____
Follow-Up 3/15/10
(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:** 34.08686 **W:** 78.02112

**LICENSE #:** 61
**TYPE FACILITY:** Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** PAWS Place, Inc.
**OWNER:** Nancy Janovetz
**ADDRESS:** 3701 Boiling Springs Rd., Winnabow, NC 28479
**TELEPHONE:** (910) 845-4997
**VMO** Hunter
**COUNTY** Brunswick

**Number of Primary Enclosures** 50 **Animals Present: Dogs** 42 **Cats** 0

**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 — N/A
- ☒ 23. Animals' Appearance

## SPECIAL ITEMS

**Records**
- ☒ 24. Description of Animals
- ☒ 25. Records/Vet Treatment
- ☒ 26. Origin/Disposition
- ☒ 27. Signature (boarding kennel) — N/A
- ☐ 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: 4/05/10 Time: 1:00pm

Pam Shelar
**Inspector's Signature**

N. Janovetz
**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 #: 61
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: PAWS Place, Inc.
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | Follow-up inspection from 3/15/10 | |
| | Items Addressed: | |
| | All 12 Kennels that needed pipe/pole attention have been addressed. | |
| | The posts of the shade tent in the large exercise yard have now been wrapped in plastic pipe. | |
| | Kennels are clean. No sign of any illness noted in the dogs today. | |
| | Remember to keep all bare dirt addressed with gravel (6 inches deep). | |

☒ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☐ DISAPPROVED Date: 4/05/10 Time: 1:20pm

Patrice Shelar
Inspector's Signature

N Janovetz
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner