**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 6-13-08

# 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
**OWNER:** Nancy Janovetz
**ADDRESS:** 3701 Boiling Springs Rd., Winnabow, NC 28479
**TELEPHONE:** (910) 845-4997
**VMO** Sholar
**COUNTY** Brunswick

**Number of Primary Enclosures** 50 **Animals Present: Dogs** 58 **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
☒ 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: 6-9-08 Time: 8:00 Am

Robin. Sholar
**Inspector's Signature**

N Janovetz
**Owner/Authorized Agent's Signature**

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
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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
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | Comments: | |
| | Cleaning was in Progress at time of inspection. | |
| | Donated food had not been stored in covered containers yet - be sure the torn bags are re-sealed w/tape until they are emptied in covered containers. | |
| | Medical Records - Owner is keeping records but will start putting them w/the individual dog's records so they may go when dog is adopted to the new owner. | |
| | Owner has established new drain lines - work is not complete yet. | |
| | Outdoor exercise yards - Owner knows to keep areas well graveled and grass sprayed w/ Grass Killer. | |

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 6-9-08 Time: 8:00 Am

Pat M. Shelar
Inspector's Signature

Nancy S Ganovetz
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner