

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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.84795 W: 81.49756

LICENSE #: 20389
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: The Pet Den
 OWNER: Dana Jensen
 ADDRESS: 124 Fairway Shopping Center Hudson N.C. 28638
 TELEPHONE: (828) 728-2891
 VMO Hunter
 COUNTY Caldwell

Number of Primary Enclosures 6 Animals Present: Dogs 4 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
 - NA 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
 - NA Signature (boarding kennel)
 - NA 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

NO P.O. Box's

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 4/2/10 Time: 2:20

 Inspector's Signature Mary Starny Owner/Authorized Agent's Signature Kelly Duane

North Carolina Department of Agriculture and Consumer Services
Veterinary Division
Animal Welfare Licensure Information
Change Form

Facility Name: The Pet Den License #: 20389
Address: 1803 NORWOOD ST Owner: Dina Jensen
Lenoir N.C. Phone #: (828) 728-2891

Information to be changed: circle appropriate status change and provide information

Out of Business: date to terminate license / /

Change of Ownership: new owner: _____

Owner's home phone number: ()

Owner's home address: _____

Note: a new license must be issued for the new owner

Change of Name of Business: new name: _____

Change of Telephone Number: facility's new phone number: ()

Change of Address: facility's new address: 124 Fairway Shopping Center
Hudson N.C. 28638

Change of Veterinarian: new vet: Name: _____
(first) (last)

Address: _____

Mail form to: Phone #: ()

NCDA & CS
P.O. Box 26026
Raleigh, NC 27611

Kelly Deane 4/12/2010
Signature Date