

**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 checked="" type="checkbox"/>
OUTDOOR <input type="checkbox"/>
BOTH <input 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"/>	_____

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34 . 72652 W: 76 . 76823

LICENSE #: 40425

TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction

BUSINESS NAME: Jody's Pets

OWNER: Jody Gill, Kin

ADDRESS: 4101-A Arendell ST Monroeville City NC 28557

TELEPHONE: (252) 240-0070

VMO: Hunter

COUNTY: Carter

Number of Primary Enclosures 24 Animals Present: Dogs _____ Cats 2

**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: 4/15 Time: 11:00

J. E. [Signature]
Inspector's Signature

Jody Gill [Signature]
Owner/Authorized Agent's Signature

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