**Type of Inspection**
New ☐ _____
Annual ☐ _____
Follow-Up ☒ 5/5/09
(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:** 35.07570 **W:** 76.96315

**LICENSE #:** 104
**TYPE FACILITY: Animal Shelter (Private/Public)** ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Frad's Feline
**OWNER:** Fran Abit
**ADDRESS:** 6106 Felucca ST New Bern NC 28560
**TELEPHONE:** (252) 638-8315
**VMO** Dr. Hunter
**COUNTY** Craven

**Number of Primary Enclosures** 3-Rooms 2-Shelter 1-Isolation **Animals Present: Dogs** Ø **Cats** 70-Shelter Cats

**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: 7/20/09 Time: 11:00 am

**Inspector's Signature** **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 #: 104
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Frans Feline
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | I performed a follow up inspection today. On my last inspection on 5/5/09 I disapproved the shelter. There are still issues and concerns at this shelter. | |
| | #1 There are still window sills and door molding that need to be covered. | |
| | #11 - There needs to be more litter boxes in the assigned shelter rooms (1) litter box for every 3 cats. | |
| | #12 There was odor with-in the shelter. | |
| | #13 The walls in the shelter rooms had waste (feces) on the FRP board. The waste looked old. I observed cat food underneath the counter in the isolation room. | |
| | #13 There was dried vomit and diarrhea on the floor and in front of the litter boxes. There was one cat licking on vomit that was on the floor. | |
| | #14 - The cages hadn't been cleaned but I did observe what looked like old food and litter around the cages. | |
| | #21 - There should be more personnel because of the number of cats personal and sheltered cats. | |
| | #23 - The shelter and personal cats were sneezing and some cats eyes were showing like there was matting. The concern I have with that many cats upper respiratory issues. | |
| | #25 - I did observe one black & white cat with a sore between the shoulder. The owner advised she was treating the wound with Neosporium. I advised the owner the veterinarian should look at the sore. | |

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 7/20/09 Time: 11:00 am

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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# ANIMAL WELFARE INSPECTION CONTINUATION PAGE

**LICENSE #:** 104
**TYPE FACILITY:** Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
**BUSINESS NAME:** Frank's Feline
**OWNER:**
**ADDRESS:**
**TELEPHONE:** (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | # 31 - I did observe numerous CAT Sneezing and coughing. The other issue I am concerned about is the numberous cats utilizing the litter boxes. The concern I have is the transmitting of parasites. From the paws of the cats, and the cats walking around in the shelter. | |
| | The record keeping was much improved since my last inspection. | |
| | I am disapproving this shelter today. | |

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 7/29/09 Time: 11:00 am

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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