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: 35.07570 **W:** 76.96315

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Fran's Feline
OWNER: Fran Arbit
ADDRESS: 6106 Felucca CT New Bern NC 28560
TELEPHONE: (252) 638-8315
VMO Hunter
COUNTY Craven

Number of Primary Enclosures 3 **Animals Present: Dogs** Ø **Cats** 27

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 ☐ 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)
EN/G ☐ 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: 9/16/08 Time: 10:15 am

J. E. B[illegible]
Inspector's Signature

Fran Arbit
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 #: _____
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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I Performed A Follow-up inspection Today.	
	This Facility is the owners residence. The owner has destinated 3 rooms to be utized for sheltering.	
	On 5/8/08, inspection I addressed numberous inadequacies to bring the rooms into compliance.	
	The 3 rooms now have Shower board installed on the walls. The Wood Floors have been replaced with linoleum. The window sills and Floor molding has been replaced with Non-Wood material.	
	The Scratching Posts have been removed.	
	The description of Animals sheet and the Vet Treatment Sheet have been established.	
	The isolation room now has A Separte Ventilation.	
	The only inadequacies that still need addressing is that the Electric Sockets need to be covered. There also needs to be more resting Surfaces in the rooms. There was some odor detected.	
	I am conditionally approving this Shelter. The owner has made great strides to bring the Shelter into compliance.	
	I will Perform A Follow-up to ensure the above inadequacies have been corrected.	
	Dr. Campbell A veterinarian in New Bern is coming to the Shelter this week to Perform veterinary care.	
	Fran utilizes the PetSmart in Morehead City for adoptions not her residence.	

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 5/16/08 Time: 10:45am

J. E. B[illegible]
Inspector's Signature

Fran Arbit
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner