Type of Inspection
New ☐
Annual ☒ 2010
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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.84110 **W:** 78.52421

LICENSE #: 10868
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Pet Starz
OWNER: Deborah Hoopes
ADDRESS: 5818 Ramsey St., Fay., NC 28311
TELEPHONE: (910) 339-1806
VMO Hunter
COUNTY Cumberland

Number of Primary Enclosures 18 **Animals Present: Dogs** 14 **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
N/A ☐ 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 6/07/10 Time: 12:00pm

[signature]
Inspector's Signature

[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

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TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Pet Starz
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Items to Address:	
	6) Water Drainage - Food Prep room - The sink is clogged. A plumber is scheduled to come this afternoon to address this problem. There was no buildup of dirty food pans.	
	25) Records - Vet. Treatment - 14 dogs were on site counting the owner's dog. The owner's dog was due it's Rabies Vac. Owner stated she would take her dog this afternoon and have it's Rabies shot updated and fax the Certificate to our office. Owner needs to pay more attention to having all dogs current on Rabies vaccination and having proof on site.	
	Comments: At the beginning of the inspection there were dogs left alone in the outdoor playyard. The owner corrected this by bringing them to the indoor [redacted] playyard. Since the licensing inspection on 1/05/10 the owner has installed a window AC in the overnite kennel room. Thermostat was set on 72°. Advised owner to install a thermometer at "dog level" to monitor the room temperature. Remember to keep all lights in working order. Owner discussed adding a second playyard on the entrance side of the facility. Advised using concrete and a privacy secondary fence since it would be easily accessable to the public. Owner has been reminded that personnal dogs must follow the same rules as boarding dogs.	

☒ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☐ DISAPPROVED Date: 6/07/10 Time: 12:00pm

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AW-2
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