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: 35.59775 **W:** 82.85132

LICENSE #: 20431
TYPE FACILITY: Animal Shelter (Private/Public) □ **Boarding Kennel** □ **Pet Shop** □ **Public Auction** □
BUSINESS NAME: ISEAH PETS
OWNER: _____
ADDRESS: _____
TELEPHONE: (_____)_____-_____
VMO _____
COUNTY _____

Number of Primary Enclosures _____ **Animals Present: Dogs**_____ **Cats** _____

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities
X 1. Structure & Repair
□ 2. Ventilation & Temp.
X 3. Lighting
□ 4. Ceiling, Wall, Floors
(5) Storage
X 6. Water Drainage

Primary Enclosures
(7) Structure & Repair
X 8. Space
X 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
X 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
(23) Animals' Appearance

SPECIAL ITEMS

Records
(23) Description of Animals
(24) Records/Vet Treatment
(25) Origin/Disposition
X 26. Signature (boarding kennel)
X 27. Written permission from owner for commingling (doggie daycare)

Transportation
X 28. Care in Transit Discussed

Veterinary Care
(28) Isolation Facility
(29) No Signs of Illness/ Treated

□ **APPROVED** X **DISAPPROVED** Date: Aug 22 2007 Time: 15:000

Shelley J Swann
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 CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: PISGAH PETS
OWNER: _____
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
15:00	Met Jean Hazzard, Haywood Co Animal Control at facility to reinspect. Adam and Pam Potter were still in the process of removing junk and deer and trying to clean. While speaking with the owners three small puppies (terriers) were noted with bloody diarrhea, vomiting, depression and dehydration. Pam Potter stated these pups were taken on consignment and had been vaccinated. She could not produce paperwork. I told her the puppies needed veterinary attention and were contagious. They may have had that the remaining puppies at the facility were potentially exposed. Pam tried to reach the consignee of the puppies but was unable to make contact. I told her that as agent she was responsible for providing proper care for these puppies and she needed to contact her veterinarian before they closed. Adam Potter contacted Dr Bryant Blymmits clinic Canton Animal Hospital 828-648-7800 and they transported puppies to his office.	
16:25	I called Canton Animal Hospital and was told the couple had left w/o treating the puppies because they could	

☐ **APPROVED** ☒ **DISAPPROVED** Date: Aug 22, 2007 Time: 15:00

Shelley Swann
Inspector's Signature

Pam Potter
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: PISGAH PETS
OWNER: _____
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	not afford it. I called Jean Hayward and I updated her on the situation. She (Jean) reached Adam on his cell phone and told him not treating the puppies constituted animal abuse and Requested owner information. ~~She~~ Jean met with Pam and Adam Potter and the owner and the owner took control of the puppies. 18:30 Adam Potter called me and stated to me they were not going to continue operations & Pisgah Pets and will be closed by 8/23/2007 AM. I told him I would be back to the facility in the morning to get a statements of voluntary closing and get their license.	

☐ **APPROVED** ☒ **DISAPPROVED** Date: Aug 22, 2007 Time: 15:20

Shelly J Swann
Inspector's Signature

Pam Potter
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 20431
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☒ Public Auction ☐
BUSINESS NAME: Pisgah Pets
OWNER:
ADDRESS: cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Puppies that remained have been returned to consignees. Kittens have been relocated 1 to the Potters and 1 was given to Heather Gaddis 400-5059 - a friend.	
	all that remains at this facility are fish 1 finch and a few reptiles.	
	adam and Pam Potter stated that they are now closed and will not re-open.	
	Pam Potter signed surrender of license form and gave me her license.	
11:00 Am	Owners decided to try and dispose of remaining supplies and fish etc through a going out of business sale - their rent is up at the end of the month and will officially be closed then.	

☐ APPROVED ☒ DISAPPROVED Date: Aug 23, 2007 Time: 10:23

Shelly J Swan
Inspector's Signature

Pam Potter
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

ANIMAL WELFARE SECTION

SURRENDER OF PRIVATE ANIMAL SHELTER/BOARDING KENNEL/PET SHOP REGISTRATION/LICENSE

Animal Shelter: _____
Name Registration #

Boarding kennel: _____
Name License #

Pet Shop: Pasgal Pets 20431
Name License #

Shelter Operator/Owner: _____

Address: 2063 Pasgal Pets
Canton ~~Dr.~~ NC 28716

Date: Aug 23, 2007

By his/her signature appearing below, duly witnessed by a Department employee, the operator/owner named above hereby surrenders the shelter's/kennel's/pet shop's (*line through types not applicable*) registration/license with the North Carolina Department of Agriculture and Consumer Services.

Said person acknowledges that he/she may no longer lawfully operate a private animal shelter/ boarding kennel/ pet shop without first applying for a new registration or license.

[signature] Aug 23 2007
Owner/Operator

[signature] Aug 23, 2007
~~For~~ the North Carolina Department of Agriculture and Consumer Services Date