Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 6/13
(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: 35.33182 **W:** 82.49721

LICENSE #: N/A
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☒ **Public Auction** ☐
BUSINESS NAME: 4 Seasons Pet Connections
OWNER: Kathy Williams
ADDRESS: 126-200 Henderson Crossing Plaza
TELEPHONE: (828) 692-0049
VMO Hunter
COUNTY Henderson

Number of Primary Enclosures 12 **Animals Present: Dogs** 8 **Cats** 4

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 (N/A)
- ☒ 23. Animals' Appearance

SPECIAL ITEMS

Records
- ☒ 24. Description of Animals
- ☐ 25. Records/Vet Treatment
- ☐ 26. Origin/Disposition
- ☐ 27. Signature (boarding kennel) N/A
- ☐ 28. Written permission from owner for commingling (doggie daycare) N/A

Transportation
- ☒ 29. Care in Transit Discussed

Veterinary Care
- ☒ 30. Isolation Facility
- ☒ 31. No Signs of Illness/ Treated

☐ **APPROVED** ☒ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 6-20 Time: 11:45

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 #: N/A
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☒ Public Auction ☐
BUSINESS NAME: 4Season Pet Connection
OWNER: Kathy Williams
ADDRESS: 126-200 Henderson Crossing Plaza
TELEPHONE: (828) 692-0049

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	All primary enclosures in back of facility looked good and area around primary enclosures was clean and well organized.	
	An Isolation room has now been established.	
	Ventalation in Main lobby was good and no odor was present.	
	All records were much improved but more work is needed on origin and shot records	
	Origin - Name, physh. address, contact number	
	Shot records need what type, how much, Date, and Initials of who gives them.	
	All (shot) records need to be sent with who buys the Animals	

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 6-20 Time: 11:45

Gary Stamy
Inspector's Signature

Kathy Williams
Owner/Authorized Agent's Signature

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