Type of Inspection
New □
Annual ☒ 2011
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: 35.36085 **W:** 77.64801

LICENSE #: 10844
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☒ Pet Shop □ Public Auction □
BUSINESS NAME: Pet Sense #308
OWNER: Pet Sense Inc.
ADDRESS: 4130 W. Vernon Ave, Kinston, NC 28504
TELEPHONE: (252) 208 - 0154
VMO Hunter
COUNTY Lenior

Number of Primary Enclosures 9 **Animals Present: Dogs** 0 **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
N/A □ 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
N/A □ 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: 7/06/10 Time: 12:30 pm

[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 Sense #308
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____ Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Comments from last inspection:	
	The carpet covered cat tree has been removed and replaced with one constructed out of PVC pipe and vinyl.	
	All electrical plugs are now plugged in the room the cats are allowed to use for exercise.	
	Records are improved. The descriptions are more complete. All cats on site had proof of current Rabies vaccinations. Records of Origin are improved but 2 cats did not have an SPCA control # logged on the record. It stated it had been picked up by a Lenoir Co ACO. There must be a control # on the paperwork for every cat that comes from the SPCA. It is very important to obtain all contact information. Store manager understands and work with the SPCA to ensure all the paperwork is complete.	
26)	Records - See above comment.	
	It was noted today that at inspection time (12:20pm) the SPCA had failed to clean the food and water bowl and litter pan from a cat that was removed from the store yesterday. Store manager stated it was the SPCAs responsibility to clean all items related to caring for the cats placed in this store.	

☒ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☐ DISAPPROVED Date: 7/06/10 Time: 12:30pm

Inspector's Signature

Owner/Authorized Agent's Signature

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