

Type of Inspection

- New
- Annual new address
- 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 .33350 W: 81 .86383

LICENSE #: 20447

TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction

BUSINESS NAME: Forest City Pets of Rutherford Co. LLC

OWNER: Chris Nelson

ADDRESS: 145 East Main Street Forest City NC

TELEPHONE: (227) 421-2473

VMO Hunter

COUNTY Rutherford

Number of Primary Enclosures 2 Animals Present: Dogs 0 Cats 2

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
- 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 DISAPPROVED

Date: 1-4-2011 Time: 11:45

Mary Stoney

Delia

Inspector's Signature

Owner/Authorized Agent's Signature

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

North Carolina Department of Agriculture and Consumer Services
Veterinary Division
Animal Welfare Licensure Information
Change Form

Facility Name: Forest City Pets License #: 20447
Address: 141 Thomas Street Owner: Chris Nelson
Forest City N.C. Phone #: (727) 421-2423

Information to be changed: **circle appropriate status change and provide information**

Out of Business: Date to terminate license / /
Change of Ownership: New owner: _____
Owner's home phone number: ()
Owner's home address: _____

Note: a new license must be issued for the new owner

Change of Name of Business: New name: _____

Change of Telephone Number: Facility's new phone number: ()

Change of Address: Facility's new address: 145 East Main Street
Forest City, N.C.

Change of Veterinarian: New vet: Name: _____
(first) (last)

Address: _____

Mail form to: Phone #: ()

NCDA&CS
1030 Mail Service Center
Raleigh, NC 27699-1030

[Signature] _____
Signature Date 11/4/11