Type of Inspection
New ☐
Annual ☒
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐
Courtesy ☐
Random ☐

NCDA&CS, VETERINARY DIVISION
P. O. BOX 26026, RALEIGH, NC 27611
Phone: 919/733-7601, Fax: 919/733-2277

INDOOR ☒
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.39357 **W:** 77.97446
QBSP Number – ___ – ___ – ___ – ___ – ___

BUSINESS NAME: Critter Connection **LICENSE#:** 20405
OWNER: Debbie Williams
ADDRESS: 1503 D. Wayne Memorial Dr. Goldsboro, NC 27534
TELEPHONE: (919) 739-9008 **VMO** Shoker **COUNTY** Wayne
TYPE FACILITY: Animal Shelter ☐ **Boarding Kennel** ☐ **Dealer** ☐ **Pet Shop** ☐ **Public Auction** ☐
Number of Primary Enclosures 14 **Animals Present: Dogs** 11 **Cats** 8

Inspector: Mark "X" in box, if adequate. Circle 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. Animals' Appearance

SPECIAL ITEMS
Records
☒ 23. Description of Animals
☒ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
N/A ☐ 26. Signature (boarding kennel)

Transportation
☒ 27. Care in Transit Discussed

Veterinary Care
☒ 28. Isolation Facility
☒ 29. No Signs of Illness/ Treated

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
7)	Resting boards are to be used - Material may be disposable such as newspaper -	
	Remember to be specific on medications, 1 litter pan per 3 cats.	
	Store is odor free, animals look good.	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 8-8-07 MB Time: 11:15 Am

Veterinarian: Berkley An. Hosp. Telephone: (919) 778-5398

Peter M. Shoker
Inspector's Signature

Debbie Williams
Owner/Authorized Agent's Signature

AW-2
Rev. 7/01 White= Office Canary= Inspector Pink= Owner