Type of Inspection
New ☐ _____
Annual ☒ 2010
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: 35.38091 **W:** 77.93571

LICENSE #: 20405
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☒ Public Auction ☐
BUSINESS NAME: Critter Connection
OWNER: Debbie Williams
ADDRESS: 2807 Royall Ave., Goldsboro, NC 27534
TELEPHONE: (919) 739-9008
VMO Sholar
COUNTY Wayne

Number of Primary Enclosures 14 **Animals Present: Dogs** 6 **Cats** 7

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)

Transportation
☒ 29. Care in Transit Discussed

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

☒ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 7-8-09 Time: 2:00pm

Ron M. Sholar
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 #: 20405
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop ☒ Public Auction □
BUSINESS NAME: Critter Connection
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Comments:	
	All resting surfaces were in place today.	
	All food is stored properly today.	
	Reviewed records on dogs and cats housed at store today - discussed with owner to continue to require records of origin on ALL dogs and cats brought in for sale. Disposition records must be maintained as well.	

☒ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 7-8-09 Time: 2:00pm

Pat M. Shelar
Inspector's Signature

Owner/Authorized Agent's Signature

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