**Type of Inspection**
New ☐ _____
Annual ☒ _____
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 9-19-08

# ANIMAL WELFARE INSPECTION

**GPS Coordinates - N:** 35.33833 **W:** 78.03059

**LICENSE #:** 20413
**TYPE FACILITY: Animal Shelter (Private/Public)** ☐ **Boarding Kennel** ☐ **Pet Shop** ☒ **Public Auction** ☐
**BUSINESS NAME:** "Paws"itively Pets
**OWNER:** Billie Mathias
**ADDRESS:** 2449 US 117 South, Goldsboro, NC 27530
**TELEPHONE:** (919) 735-6677
**VMO** Sholar
**COUNTY** Wayne

**Number of Primary Enclosures** 9 **Animals Present: Dogs** 4 **Cats** 1

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

**Transportation**
☒ 28. Care in Transit Discussed

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

☒ **APPROVED** ☐ **DISAPPROVED** Date: 9-17-08 Time: 3:00 pm

Pat M. Sholar
**Inspector's Signature**

Billie S. Mathias
**Owner/Authorized Agent's Signature**

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
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# ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 20413
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☒ Public Auction ☐
BUSINESS NAME: "Pawsitively Pets
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | Comments: | |
| | Records in order – no signs of visible illness noted today. | |
| | Store is clean and odor free. | |

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 9-17-08 Time: 3:00pm

Pat M. Shelar
Inspector's Signature

Billie S. Mathias
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner