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 7-11-08

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.37437 **W:** 77.94846

LICENSE #: 20393
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☒ **Public Auction** ☐
BUSINESS NAME: Pet Supplies Plus
OWNER: Rick + Gloria Sands
ADDRESS: 319 N. Berkley Blvd., Goldsboro, NC 28534
TELEPHONE: (919) 751-2595
VMO Sholar
COUNTY Wayne

Number of Primary Enclosures 2 **Animals Present: Dogs** 0 **Cats** 3

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) — N/A

Transportation
- ☒ 29. Care in Transit Discussed

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

☒ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 7-10-08 Time: 1:30pm

Pat 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 SECTION,
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ENTERED 7-11-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 20393
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☒ Public Auction ☐
BUSINESS NAME: Pet Supplies Plus
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
25)	Vet treatment records are incomplete - need to record name and amount of medication administered.	
26)	Some records of origin are incomplete - need to record origin of all dogs or cats even if from a store employee.	
	Remember to supply 1 litter pan per 3 cats.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 7-10-08 Time: 1:30pm

Patrn. Sholar
Inspector's Signature

Owner/Authorized Agent's Signature

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