ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.74321 W: 76.82210

LICENSE #: 20395
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☑ Public Auction ☐
BUSINESS NAME: Bill's Pet Shop #3
OWNER: Gina Gent
ADDRESS: 5370-A Hwy 40 W, Morehead City, NC 28557
TELEPHONE: (252) 240-1116
VMO Sholar
COUNTY Carteret

Number of Primary Enclosures 8 Animals Present: Dogs 8 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 ☐
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 ☑

SPECIAL ITEMS

Records
24. Description of Animals ☐
25. Records/Vet Treatment ☐
26. Origin/Disposition ☐
27. Signature (boarding kennel) ☑
28. Written permission from owner for comingling (doggie daycare) ☑

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 ☑

APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 11/29/09 Time: 12:30pm

Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

AW-2 Rev. 1/07 WHITE = Office CANARY = Inspector PINK = Owner

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

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**BUSINESS NAME:** Bills Pet Shop #3

**OWNER:**

**ADDRESS:**

**TELEPHONE:** (____) ________

**Comments:**
- One pup in isolation is being medicated for kennel cough (per records). It looks and feels good.
- Dog and cat cages are clean and in good repair.
- Records were reviewed and found in compliance.

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
</table>

**APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED**  

_Inspector’s Signature_  

_Owner/Authorized Agent’s Signature_

Date: 11/24/05  
Time: 4:30 pm