

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
 4/21/10

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.74321 W: 76.82210

LICENSE #: 20449
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Premiere Pets
 OWNER: Bev Little + Linda Johnson
 ADDRESS: 5730-C Hwy 70, Morehead City, NC 28557
 TELEPHONE: (252) 240-3300
 VMO Number
 COUNTY Carteret

Number of Primary Enclosures 4 K9 4 Fel. Animals Present: Dogs 3 Cats 5

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

APPROVED

~~CONDITIONALLY APPROVED~~

DISAPPROVED

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

NIA

23. Animals' Appearance

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

SPECIAL ITEMS

Records

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

NIA

Transportation

- 29. Care in Transit Discussed

Veterinary Care

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

Devin Shaler

Inspector's Signature

Brandy Smith

Owner/Authorized Agent's Signature

Date: 4/20/10 Time: 3:00 pm

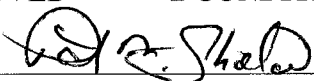
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 20149
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Premiere Pets
 OWNER: _____
 ADDRESS: _____
 TELEPHONE: () _____ - Cont

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|--------------------------------|--|------------------------------------|
| | Today's inspection is in reference to a Min. Schanuzer puppy that was sold to Mr. James Kline that broke with Parvo virus and was euthanized. | |
| | Today I reviewed the records on the Kline pups and saw the Distemper, Parvo and deworming dates. The store owner stated the puppy had not shown any signs of being sick. Her contract gave Mr. Kline 48 hours to have the pup vet checked which he did not and admitted he did not follow the contract. | |
| | Today's inspection revealed 2 black pups (litter mates) that were brought into the store on 4/8/10 and given Distemper/Parvo shots and wormed the same day. No quarantine period before offering for sale. One pup had just died when inspection began at 2:00 and the other was listless and passing blood. A third litter mate was sold on 4/10/10 and new owner has been back to buy food and reported no problems. Store owner has given supportive meds to pups and is taking both pups to Dr. Westbroke for diagnosis. Will call me with results. Strongly recommend owner get guidance from vet even though this problem has not been more than 30 days. Request owner to obtain written protocol for quarantine period and vaccination of all dogs and cats before offering for sale and to review cleaning procedures w/ vet. | |
| Items to Address: | | |
| 7) | Moldings in dog room - Cover or replace w/ non-wood material. | |
| 26) | Origin - Owner obtained these pups from individual who obtained them from another source - need to know all sources. | |
| 23, 31) | Decreased and sick pup in store - meds on record - owner must get diagnosis and follow vet's recommendations. | |
| Re-Inspect in 14 working days. | | |

APPROVED ~~CONDITIONALLY APPROVED~~ DISAPPROVED Date: 4/20/10 Time: 3:00 pm


 Inspector's Signature


 Owner/Authorized Agent's Signature

