NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.29428 W: 78.73015

LICENSE #: 103-28
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: All Creatures Great & Small
OWNER: Betty Gail Kronenwitter
ADDRESS: 3635 James B. White Highway, Whitville, NC 28472
TELEPHONE: (910) 640-1909
VMO: □ Shelter □ County
COUNTY: Columbus

Number of Primary Enclosures 65 Animals Present: Dogs 24 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 □
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
19. Description of Animals □
20. Records/Vet Treatment □
21. Origin/Disposition □
22. Signature (boarding kennel) □
23. Written permission from owner for commingling (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 □

TRANSPORTATION

28. Care in Transit Discussed □

VETERINARY CARE

28. Isolation Facility □
29. No Signs of Illness/Treated □

□ APPROVED □ DISAPPROVED

Date: 1-30-08 Time: 1:45 pm

Inspector’s Signature: Betty Gail Kronenwitter

Owner/Authorized Agent’s Signature: Betty Gail Kronenwitter

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

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

**LICENSE #: 10325**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** All Creatures Great + Small  
**OWNER:** (C)  
**ADDRESS:**  
**TELEPHONE:** (____)______-______

<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>
<tbody>
<tr>
<td>7) Cat Room - Floor areas of several cages still have exposed areas of wood under the ferret. Discuss using clear silicone or liquid nail to seal these areas. - Sampson Wire - 1st run on right outside chain link on door needs attention. Small Dog Room - 1st run needs to have the gate re-hung.</td>
<td>Follow-up from 11-29-07</td>
<td></td>
</tr>
</tbody>
</table>

Follow-up Inspection in 2 weeks.

☐ APPROVED  ☒ DISAPPROVED  
Date: 1-29-08  Time: 1:45 pm  
**Inspector’s Signature**  
**Owner/Authorized Agent’s Signature**

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