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: 35.10042  W: 77.09813

LICENSE #: 10815  
TYPE FACILITY: Animal Shelter (Private/Public) ☑  Boarding Kennel ☐  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: Petsense Store 303
OWNER: Petsense Inc.
ADDRESS: 3025 South Glen Burnie Rd., New Bern, NC 28560
TELEPHONE: (704) 636-0460
VMO: Shower
COUNTY: Craven

Number of Primary Enclosures: 9  Animals Present: Dogs ☐  Cats ☑

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

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

Veterinary Care

23. Animals’ Appearance

Transportation

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

Records

29. Care in Transit Discussed
30. Isolation Facility
☐ 31. No Signs of Illness/Treated

☑ APPROVED  ☐ CONDITIONALLY APPROVED  ☒ DISAPPROVED  

Date: 11/9/09  Time: 4:30 p.m.

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
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TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Petsense Store 303
OWNER: [Cont]
ADDRESS: [Cont]
TELEPHONE: [Cont]

<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>25)26)</td>
<td>Records are still incomplete with origin and rabies vac.</td>
<td></td>
</tr>
</tbody>
</table>

Re-Inspect in 30 calendar days.

DISAPPROVED

Pat M. Shelton
Inspector's Signature

[Signature]
Owner/Authorized Agent's Signature

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