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 [x] Private/Public  Boarding Kennel  Pet Shop  [x] Public Auction
BUSINESS NAME: Petsense Store 303
OWNER: Petsense Inc
ADDRESS: 2025 South Glenburnie Rd., New Bern, NC 28562
TELEPHONE: (252) 636-0460
VMO  Shelter
COUNTY  Craven

Number of Primary Enclosures 9  Animals Present: Dogs 0  Cats 9

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

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)

Transportation
29. Care in Transit Discussed

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

APPROVED [x]  CONDITIONALLY APPROVED  DISAPPROVED [ ]

Inspector's Signature:  
Owner/Authorized Agent's Signature:  

White = Office  
Canary = Inspector  
Pink = Owner  

Date: 11/3/09  Time: 11:30 AM
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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BUSINESS NAME: Petsense Store 303
OWNER:
ADDRESS: Cont.
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>Follow-up from 11/9/09</td>
<td>Items Addressed: Records - Origin and Rabies records are on site and adequate today.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 12/10/09 Time: 11:30AM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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