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

1-28-09

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.10.042 W: 77.09.813

LICENSE #: 10815
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: PetSense, Stony, 303
OWNER: PetSense, Inc.
ADDRESS: 2825 South Glenburnie Rd., New Bern, NC 28562
TELEPHONE: (252) 636-0460
VMO Hunter
COUNTY Craven

Number of Primary Enclosures 9 Animals Present: Dogs 0 Cats 10

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
☒ 23. Animals’ Appearance

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 ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 1-27-09 Time: 12:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
Today we met with Colonial Capital H.S., Pets For Paws and Safe Harbor— all 3 rescue groups that house cats at Petsense. All items of inspection have been discussed with particular attention in the areas of Records, Sanitation, Food Storage, Isolation, Sanitation of Equipment and Supplies (Toys).

Store will use a bathroom which is lighted, heated and cooled for an isolation area if needed.

Discussed in detail the need to have the records of origin.

[Signature]
 Owner/Authorized Agent's Signature