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: 35.09746 W: 78.95500

LICENSE #: 20153
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Aqua-Terra Pet Center
OWNER: Joseph Spano
ADDRESS: 4937 Bring Blvd. Fay., NC. 28303
TELEPHONE: (910) 868-3485
VMO Hunter
COUNTY Cumberland

Number of Primary Enclosures 16 Animals Present: Dogs 15 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
☐ 24. Description of Animals
☐ 25. Records/Vet Treatment
☐ 26. Origin/Disposition
☐ 27. Signature (boarding kennel)
☐ 28. 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

APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 5/11/10 Time: 11:15 AM

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 20153**
**TYPE FACILITY:** Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop ODEV  Public Auction  □
**BUSINESS NAME:** Aqua- Haven

**OWNER:**
**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>Follow-up from 4/10/10</td>
<td></td>
<td></td>
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<tr>
<td>Items Addressed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Vet Treatment - Shots or dewormer with the name of the medication are not recorded.</td>
<td></td>
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<tr>
<td>2) Owner has met with their vet and received written guidance on cleaning products. Isolation of dogs and cats before sale was also discussed.</td>
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<td></td>
</tr>
</tbody>
</table>

**Comments:**
Owner has complied with the disapproved items from 4/10/10.

**Items Addressed:**

3) Isolation Room - Owner has a problem keeping the light working. Owner needs to address this as soon as possible. Animals in isolation need light.

4) One kitten has not had any shots - Cats need medical treatment as well as dogs.

There was no sign of any visible illness noted today.
Remember dog space requirements.

**APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED**

**Date: 5/1/10 Time: 11:15 AM**

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

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