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°07'48" W: 78°02'54"

LICENSE #: 20154
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Eaton Village Pet Store
OWNER: Rene Jenkins
ADDRESS: 814 Elm St, Fayetteville, NC 28303
TELEPHONE: (910) 485-4387
VMO Shelter
COUNTY Cumberland

Number of Primary Enclosures 15 Animals Present: Dogs 8 Cats 4

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 □
23. Animals’ Appearance □

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: 1-2-18 Time: 1:30 PM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 20154
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☑ Public Auction ☐
BUSINESS NAME: Eutaw Village Pet Store
OWNER:
ADDRESS: (Continued)
TELEPHONE: (Continued)

<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>1) Exercise Boxes - Piece of stimulus box is damaged from chewing. Owner needs to replace all damaged pieces before next inspection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Open bag of food was found but placed in closed container during inspection. Records of origin and disposition are adequate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store is clean, odor-free, no signs of illness noted today.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED  Date: 12/10/08 Time: 1:30 PM

Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]