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°06'75" W: 78°08'42"8"

LICENSE #: __

TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel □  Pet Shop □  Public Auction □

BUSINESS NAME: Town of Foisen

OWNER: Town of Foisen

ADDRESS: P.O.Box 365, 110 NE Center St, Foisen, NC 28341

TELEPHONE: (919) 267-0241

VMO: Hunter

COUNTY: Duplin

Number of Primary Enclosures __ Animals Present: Dogs □ Cats □

Inspector: Mark “X” in each box, if adequate.  Circle each item number, if inadequate.  Use NA if not applicable

INSPECTION FOCUS:

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 comingling (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

Transportation

29. Care in Transit Discussed

Veterinary Care

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

APPROVED □  CONDITIONALLY APPROVED □  DISAPPROVED

Date/11/23/10 Time: 2:15 pm

Inspector’s Signature ____________________________

Owner/Authorized Agent’s Signature ____________________________

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

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**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 CONTINUATION PAGE**

**LICENSE #:**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**Boarding Kennel  □  Pet Shop  □  Public Auction □**

**BUSINESS NAME:** Town of Ponder  
**OWNER:**  
**ADDRESS:** Cont

**TELEPHONE:**

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<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>
</table>
| Follow-up  | from 11/02/10 - Items Addressed.  
1. Sanitation - Kennels and grounds are clean.  
2. Food/water pans are clean. | |
| Comments | Zen dogs/pets are being housed.  
Records have been discussed and are understood.  
When application and PVC are completed, facility is ready for licensing. | |

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**APPROVED □  CONDITIONALLY APPROVED □  DISAPPROVED □**

**Inspector’s Signature**  
**Owner/Authorized Agent’s Signature**

**Date:** 11/12/10  
**Time:** 2:15pm

**AW-2**  
**Rev. 1/07**

White= Office  
Canary= Inspector  
Pink= Owner

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