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°46'8" W: 77°6'26.7"

LICENSE #: 20015
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☒ Public Auction ☐
BUSINESS NAME: Family Pet Shop
OWNER: Bonnie Joy
ADDRESS: 719 W. Vernon Ave. Kinston, NC 28501
TELEPHONE: (252) 322-0296
VMO: Shelter
COUNTY: Lenoir

Number of Primary Enclosures: 6  Animals Present: Dogs: 3  Cats: 0

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
23. Description of Animals ☐
24. Records/Vet Treatment ☐
25. Origin/Disposition ☐
26. Signature (boarding kennel) ☐
27. Written permission from owner for commingling (doggie daycare) ☐

TRANSPORTATION

28. Care in Transit Discussed ☐

VETERINARY CARE

28. Isolation Facility ☐
29. No Signs of Illness/Treated ☐

APPROVED ☐ DISAPPROVED ☐

Date: 11-27-07  Time: 3:30 PM

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

Canary= Inspector
Pink= Owner

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 20015**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Family Pet Shop  
**OWNER:** Cont.  
**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>Complaint from Tina Sonderson about Siberian Husky puppy purchased from Family Pet Shop. Sonderson stated papers were not as promised in complaint. Store clerk explained buyer needed to fill out application for breeder's signature. No evidence of puppies on remaining sibling.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Follow-up 9-17-07 - Records -**

**Discussed medical treatment records - List -**

1. Animal Id  
2. Name of medication  
3. Dosage  
4. Date  
5. Time  
6. Person's initial, gay and name  

**APPROVED**  
**Date:** 11-27-07  
**Time:** 3:30 p.m.  
**Inspector’s Signature:**  
**Owner/Authorized Agent’s Signature:**  
**CANARY = Inspector**  
**Pink = Owner**  
**PAGE 2 OF 2**