

Type of Inspection
 New _____
 Annual _____
 Follow-Up 9-17-07
 (Prev. Inspection Date)
 Complaint _____
 Courtesy _____
 Random _____

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

INDOOR
 OUTDOOR
 BOTH

ENTERED
 11-30-07

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.26827 W: 77.62267

LICENSE #: 20015
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Family Pet Shop
 OWNER: Bonnie Joy
 ADDRESS: 2719 W. Vernon Ave., Kinston, NC 28501
 TELEPHONE: (252) 522-0296
 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

- | | | |
|---|---|---|
| <p>STRUCTURE</p> <p><u>Housing Facilities</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Structure & Repair <input checked="" type="checkbox"/> 2. Ventilation & Temp. <input checked="" type="checkbox"/> 3. Lighting <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors <input checked="" type="checkbox"/> 5. Storage <input checked="" type="checkbox"/> 6. Water Drainage <p><u>Primary Enclosures</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 7. Structure & Repair <input checked="" type="checkbox"/> 8. Space <input checked="" type="checkbox"/> 9. Ventilation & Temp. <input checked="" type="checkbox"/> 10. Adequate Shelter | <p>SANITATION</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 11. Waste Disposal <input checked="" type="checkbox"/> 12. Odor <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors <input checked="" type="checkbox"/> 14. Primary Enclosures <input checked="" type="checkbox"/> 15. Equipment & Supplies <u>NIA</u> <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins <input checked="" type="checkbox"/> 17. Insect/Vermin Control <input checked="" type="checkbox"/> 18. Building & Grounds <p><u>HUSBANDRY</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 19. Adequate Feed/Water <input checked="" type="checkbox"/> 20. Food Storage <input checked="" type="checkbox"/> 21. Personnel <input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area <input checked="" type="checkbox"/> 23. Animals' Appearance | <p>SPECIAL ITEMS</p> <p><u>Records</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 23. Description of Animals <input checked="" type="checkbox"/> 24. Records/Vet Treatment <input checked="" type="checkbox"/> 25. Origin/Disposition <input type="checkbox"/> 26. Signature (boarding kennel) <input type="checkbox"/> 27. Written permission from owner for commingling (doggie daycare) <p><u>Transportation</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 28. Care in Transit Discussed <p><u>Veterinary Care</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 28. Isolation Facility <input checked="" type="checkbox"/> 29. No Signs of Illness/Treated |
|---|---|---|

APPROVED DISAPPROVED Date: 11-27-07 Time: 3:30pm

Pet m. Shelton Inspector's Signature Crystal J. Tator Owner/Authorized Agent's Signature

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

