

**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

Type of Inspection
 New
 Annual 2010
 Follow-Up
 (Prev. Inspection Date) _____
 Complaint
 Courtesy
 Random

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.36085 W: 77.64801

LICENSE #: 10844
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Pet Sense # 308
 OWNER: Pet Sense Inc.
 ADDRESS: 4130 W. Vernon Ave., Kinston, NC 28504
 TELEPHONE: (252) 208 - 0154
 VMO Sholar
 COUNTY Lenior

Number of Primary Enclosures 9 Animals Present: Dogs 0 Cats 6

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

STRUCTURE

SANITATION

SPECIAL ITEMS

Housing Facilities

- 1. Structure & Repair
- 2. Ventilation & Temp.
- 3. Lighting
- 4. Ceiling, Wall, Floors
- 5. Storage
- 6. Water Drainage

- 11. Waste Disposal
- 12. Odor
- 13. Ceiling, Wall, Floors
- 14. Primary Enclosures
- 15. Equipment & Supplies NIA
- 16. Washrooms, Sinks, Basins
- 17. Insect/Vermin Control
- 18. Building & Grounds

- 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)

Primary Enclosures

- 7. Structure & Repair
- 8. Space
- 9. Ventilation & Temp.
- 10. Adequate Shelter

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 NIA
- 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 1/16/09 Time 11:15 Am

Pat M. Sholar

[Signature]

Inspector's Signature

Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10844

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

BUSINESS NAME: Pet Sense # 308

OWNER: _____

ADDRESS: Cont.

TELEPHONE: () - .

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
7)	Wood Carpet Covered Cat Tree must be removed from room cats are allowed to exercise in. The electrical outlets must be plugged and electrical cords made inaccessible to the cats. It is good these cats are allowed exercise time but the room will be considered an enclosure and everything inside must be sanitizable. Walls and furniture are of materials that are impervious to moisture so the cat tree and electrical outlets are the only issues.	
24)	Description - 2 out of 6 records did not have a description of the cat. Record a color description on each cat.	
26)	Records of Origin - These cats come from Lenoir Co. SPCA. Many were brought to the shelter by Lenoir Co. AC. Talked by phone to the shelter manager who explained that the ACO's did not always provide all of the origin information. Manager understands what she needs to provide and Mr. Huff, Lenoir Co Health Director will be notified so he may advise the ACO's.	
<p>Inspection is approved today based upon the phone discussion with the shelter manager. If the records are found inadequate on the next inspection, the store will be disapproved.</p>		

APPROVED CONDITIONALLY APPROVED DISAPPROVED

Date 11/16/09 Time: 11:15 AM

Debra Shelton
 Inspector's Signature

[Signature]
 Owner/Authorized Agent's Signature