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° 28' 27" 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 Fox
ADDRESS: 3719 W. Vernon Ave., Kinston, NC 28501
TELEPHONE: (252) 522-0296
VMO Shelter
COUNTY Lenoir

Number of Primary Enclosures 6 Animals Present: Dogs 2 Cats 6

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

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)

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

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 9-16-08 Time: 12:00 PM

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 00015
TYPE FACILITY: Animal Shelter (Private/Public)  □  Boarding Kennel  □  Pet Shop  ☑  Public Auction  □
BUSINESS NAME:  Family Pet Shop
OWNER:
ADDRESS:  Cont.
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>3) Room - 1 set of lights are not working - may just need to replace the bulbs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Kitten that just arrived yesterday were showing signs of illness - including matted eyes. These kittens have not been on any medication. Owner plans to take them to the vet today and will quarantine them away from other cats.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner was not on site today due to a death in her family. Talked to owner by phone concerning the kitten.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Quarantine/Isolation Room - Room has been flooded - Owner needs to clean and repair unsafe structure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26) Records of origin for kittens were not available today - Puppies in house today had all necessary records.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Re-Inspection in 2 wks.

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☑ DISAPPROVED  Date: 9/26/08  Time: 12:00pm

Pat M. Shelon  J. Kittrell
Inspector's Signature

J. Keene
Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07
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