

Type of Inspection
 New _____
 Annual _____
 Follow-Up 9-16-08
 (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
 12-12-08

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: Shelar
 COUNTY: Lenoir

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

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

- | | | |
|---|---|---|
| <p>STRUCTURE</p> <p><u>see note</u>
 <u>Housing Facilities</u>
 <input 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> <p><u>Primary Enclosures</u>
 <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> | <p>SANITATION</p> <p><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> <p>HUSBANDRY
 <input checked="" type="checkbox"/> 19. Adequate Feed/Water
 <input checked="" type="checkbox"/> 20. Food Storage
 <input checked="" type="checkbox"/> 21. Personnel
 <input type="checkbox"/> 22. Ratio of 1:10 personnel to <u>NIA</u> animals if >4 in primary enclosure or common area
 <input checked="" type="checkbox"/> 23. Animals' Appearance</p> | <p>SPECIAL ITEMS</p> <p><u>Records</u>
 <input checked="" type="checkbox"/> 24. Description of Animals
 <input checked="" type="checkbox"/> 25. Records/Vet Treatment
 <input checked="" type="checkbox"/> 26. Origin/Disposition
 <input checked="" type="checkbox"/> 27. Signature (boarding kennel)
 <input checked="" type="checkbox"/> 28. Written permission from owner for commingling (doggy daycare)</p> <p><u>Transportation</u>
 <input checked="" type="checkbox"/> 29. Care in Transit Discussed</p> <p><u>Veterinary Care</u>
 <input checked="" type="checkbox"/> 30. Isolation Facility
 <input checked="" type="checkbox"/> 31. No Signs of Illness/Treated <u>MB</u></p> |
|---|---|---|

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 12-9-08 Time: 11:00 AM

Bonnie Joy J. Kattell Bonnie Joy
 Owner/Authorized Agent's Signature Inspector's Signature

ENTERED
 12-12-08

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 20015

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

BUSINESS NAME: Family Pet Shop

OWNER: _____

ADDRESS: _____

TELEPHONE: () - _____

Cont.

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Follow-up from 9.16.08	
	Items that have been addressed:	
1-	The are no visible signs of illness noted in the 3 Kittens today.	
2-	Cages have been set up in the back for an isolation area. The lights are working in that area.	
3-	Records of origin - owner completed dummy inspection - 3 in house kittens. Owner plans to get kittens vetted today.	
	Items that still need to be addressed:	
3)	Lights - Areas in the store that have light issues - rodent room, back sales area, closet across from isolation cages. Discussed with owner having an electrician make the necessary repairs with the lighting problems.	
1)	Isolation Area - There is some water damage to the ponded walls. This area is dry now but if there is recurrent water - flooding from rain, etc. then these walls should be replaced as they will be considered a hazard - mold, bacteria.	
13), 15), 18)	Sanitation - An overall cleaning of the store is needed. The isolation cages are in good repair but need a thorough cleaning.	
	Comments:	
	Discussed as a means of keeping the isolation room walls clean to install plastic on the walls behind the cages.	
	<u>Re-Inspect in 30 days.</u>	

APPROVED

CONDITIONALLY APPROVED

DISAPPROVED

Date: 2.9.08 Time: 11:00 am

Patricia Sholan J. Kittelson
 Inspector's Signature

Bonnie
 Owner/Authorized Agent's Signature