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: 34°7'46"11" W: 77°38'77"0"

LICENSE #: 10492
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Town & Country Pet Center
OWNER: Barry Sanders
ADDRESS: 850 Bell Fork Rd., Joy, N.C. 28456
TELEPHONE: (910) 455-5331
VMO □
COUNTY □ Onslow

Number of Primary Enclosures: 63
Animals Present: Dogs 13 Cats 4

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: 7/24-08 Time: 10:15 Am

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Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 104A2**
**TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □**
**BUSINESS NAME: Town & Country Pet Center**
**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></td>
<td>Comments:</td>
<td></td>
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<tr>
<td></td>
<td>Owner is planning to replace the gates on 9 inside and 1 outside gate. Chain and pipes are being replaced to show damage left side of kennel. Owner has added more gravel to outside area where dogs are taken out.</td>
<td></td>
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<tr>
<td></td>
<td>Temperature is 75° at 10:30 AM.</td>
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<td>Discussed owner having clients bring meds in identified package - this is for owner's (Kennel and dog) protection.</td>
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<tr>
<td></td>
<td>On last inspection odors were discussed. Owner now is using Odor-Bloc. Some 'Kennel' odors are still noted even though Kennel is above.</td>
<td></td>
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<tr>
<td></td>
<td>Records are in order, dogs and cats look comfortable.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED**

Date: 7.24.08 Time: 10:15 AM

Inspector's Signature: [Signature]

Owner/Authorized Agent's Signature: [Signature]

White= Office
Canary= Inspector
Pink= Owner

AW-2
Rev. 1/07

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