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° 32' 17" W: 77° 76' 38"

LICENSE #: 106 70
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Paws Play & Stay
OWNER: Thomas Donatone
ADDRESS: 10354 US Hwy 71 N, Wilmington, NC 28411
TELEPHONE: (910) 524-7877
VMO - Sholar
COUNTY - Pender

Number of Primary Enclosures 40 Animals Present: Dogs 60 Cats 0

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

Date: 9-23-08 Time: 3:00 PM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10670**
**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel ✧ Pet Shop □ Public Auction □
**BUSINESS NAME:** Papa Paws & Stay
**OWNER:**
**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>1)</td>
<td>Exercise Yard A: Siding on building - left side - chewed area needs to be repaired.</td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>Hallway from room A to B - Creep needs to be sealed.</td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td>Room B - molding needs to be replaced. Kennel Building - Some of the doggie door flaps are damaged - need to replace all damaged flaps.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kennels are clean, odor free, records are in order, temperature 69°-71°.</td>
<td></td>
</tr>
</tbody>
</table>

Conditionally Approved contingent upon addressing the above items.
Re Inspect in 30 days

**APPROVED** □ **CONDITIONALLY APPROVED** ✧ **DISAPPROVED** □

**Date:** 7.23.08  **Time:** 3:00 pm

**Inspector's Signature:**

**Owner/Authorized Agent's Signature:**

**Rev. 1/07**

**White = Office**  **Canary = Inspector**  **Pink = Owner**

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