

Type of Inspection

- New _____
- Annual _____
- Follow-Up _____
- (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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N:

35.41827

W:

79.48927

LICENSE #: 920101

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

BUSINESS NAME: FAMILY PET CENTER

OWNER: _____

ADDRESS: 812-A S FAYETTEVILLE ST ASHBORO

TELEPHONE: (336) 629-7701

VMO HUNTER

COUNTY RANDOLPH

Number of Primary Enclosures 9

Animals Present: Dogs 2

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
- 9. Ventilation & Temp.
- 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

HUSBANDRY

- 19. Adequate Feed/Water
- 20. Food Storage
- 21. Personnel
- 22/NA Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- 23. Animals' Appearance

SPECIAL ITEMS

Records

- 24. Description of Animals
- 25. Records/Vet Treatment
- 26. Origin/Disposition
- 27/NA Signature (boarding kennel)
- 28/NA Written permission from owner for commingling (doggie daycare)

Transportation

- 29. Care in Transit Discussed

Veterinary Care

- 30. Isolation Facility
- 31. No Signs of Illness/Treated

APPROVED CONDITIONALLY APPROVED DISAPPROVED

Date: 9/26/09 Time: 14:25

Inspector's Signature

Owner/Authorized Agent's Signature

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 20101

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

BUSINESS NAME: FAMILY PET CENTER

OWNER: _____

ADDRESS: _____ CONT

TELEPHONE: (____) _____ - _____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
④	Add sex to kitten description	DONE @ TIME OF INSPEC.
⑧	Provide solid resting area for puppies	DONE @ TIME OF INSPEC.

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 09/22/09 Time: 14:25

Inspector's Signature

Owner/Authorized Agent's Signature