ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.41827 W: 79.48927

LICENSE #: 92010
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☑ Public Auction ☐
BUSINESS NAME: FAMILY PET CENTER
OWNER: 812 A S FAYETTEVILLE ST ASHEVILLE
ADDRESS: (336) 629-7701
TELEPHONE: 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 ☐
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. 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. Signature (boarding kennel) ☑
28.4 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: 9/2/09 Time: 14:25

Inspector’s Signature: Anna Lee
Owner/Authorized Agent’s Signature: Barbara

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

PAGE 1 OF 2
**LICENSE #: 20101**

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

**BUSINESS NAME:** Family Pet Center

**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>□</td>
<td>Add sex to kitten description</td>
<td>Done @ Time of Inspect</td>
</tr>
<tr>
<td>□</td>
<td>Provide solid resting area for puppies</td>
<td>Done @ Time of Inspect</td>
</tr>
</tbody>
</table>

**APPROVED**

**Inspector’s Signature**

**CONDITIONALLY APPROVED**

**DISAPPROVED**

**Date:** 9/12/17  **Time:** 14:25

**Owner/Authorized Agent’s Signature**

**Rev. 1/07**

**White= Office**

**Canary= Inspector**

**Pink= Owner**

PAGE 2 OF 2