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: 35° 73558 W: 79° 80943

License #: 202299
Type Facility: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
Business Name: The Pet Barn
Owner: Larry Garner
Address: 1503 N. Fayetteville St, Asheville
Telephone: (334) 672-7070

COUNTY: Randolph

Number of Primary Enclosures 4 Animals Present: Dogs 1 Cats 6

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

SPECIAL ITEMS

Records
23. Description of Animals ☐
24. Records/Vet Treatment ☐
25. Origin/Disposition ☐
26. Signature (boarding kennel) ☐
28. 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: 9/1/05 Time: 13:32

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

Page 1 of 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 20297

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

BUSINESS NAME: **The Pet Barn**

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>20</td>
<td>OPEN BAGS OF FOOD NOTED - Store all open food in sealed containers</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>9 br. &amp; white feist puppy - Thin - ribs, hip bones and vertebrae visible - puppy also has loose, spred - Vac on 1/13/05-22-05 - Consult your veterinarian today on treatment for this puppy.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☒ DISAPPROVED  Date: 9/25/05  Time: 13:32

Shelley U. Pearson

Inspector’s Signature

Sandra DelBello

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office  Canary= Inspector  Pink= Owner

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