

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: 35.73558 W: 79.80943

LICENSE #: 20299
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: THE PET BARN
 OWNER: LARRY BARNER
 ADDRESS: 1503 N FAYETTEVILLE ST ASHEBORO
 TELEPHONE: (336) 672-7070
 VMO: HUNTER
 COUNTY: RANDOLPH

Number of Primary Enclosures 6 Animals Present: Dogs 0 Cats 2

**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. 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. 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: 9/3/09 Time: 15:46

Shelley Swann
 Inspector's Signature

Sandra DelWilde
 Owner/Authorized Agent's Signature

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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BUSINESS NAME: THE PET BARN

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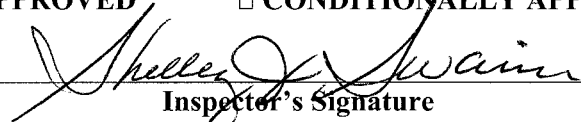
ADDRESS: _____ CONT


TELEPHONE: (____) _____ - _____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
⑦	PRIMARY ENCLOSURE HOUSING KITTEN IS MADE PARTIALLY OF WOOD WHICH IS INSIDE ENCLOSURE AND WITHIN KITTENS REACH HOUSE PUPPIES AND KITTENS IN ENCLOSURES WHICH ARE EASILY SANITIZED AND IMPERVIOUS TO MOISTURE, DO NOT HOUSE PUPPIES OR KITTENS IN THIS ENCLOSURE	
⑱	WATER RECEPTACLE IS DAMAGED FROM CHEWING MAKING SANITATION DIFFICULT - REPLACE	
⑳	TWO DSH 1-0 TABBY/WHITE 1- BL CR. TORTI SHOWING CESIONS AND HAIR LOSS CONSISTANT WITH RING WORM - KITTENS ARE ACCESABLE TO THE PUBLIC - ISOLATE AND SEEK VETERINARY CARE TODAY - HAVE VETERINARIAN CONTACT ME AFTER EXAMINATION - KITTENS WERE ISOLATED BEFORE I LEFT FACILITY	
㉑	NO ORIGIN RECORDS ON ABOVE MENTIONED KITTENS OPERATORS OF PET SHOPS SHALL MAINTAIN RECORDS ON ALL DOGS AND CATS SHOWING ORIGIN (NAME ADDRESS OF CONIGNOR AND DATE RELIEVED DESCRIPTION INCLUDING SPECIES AGE AND SEX	
* SIGN ADVERTISING PUPPY SPECIAL* PUPPY SHOT (5 OR 7 WAY) PLUS DEWORMING \$ 9.99 * WE ADMINISTER SHOT AND WORMING @ NO CHARGE SPOKE WITE EMPLOYEE SANDRA DEWILDE AND SHE TOLD ME THAT EITHER HERSELF OR LARRY BARNER VACCINATE PRIVATELY OWNED DOGS AND CATS		

SENT 30, 2009

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 9/3/09 Time: 1516

 _____
 Inspector's Signature

 _____
 Owner/Authorized Agent's Signature