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: 36°52'38.17" W: 29°7'45.97"

LICENSE #: 10530
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☑ Pet Shop □ Public Auction □
BUSINESS NAME: Town & Country Pet Center Inc.
OWNER: Mosco A. Schauer
ADDRESS: 7241 NC 14 Edna NC
TELEPHONE: (336) 623-2387
VMO ☑
COUNTY Rockingham

Number of Primary Enclosures: 82  Animals Present: Dogs 7  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

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

Inspector’s Signature  Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
LICENSE #: 16530
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Town & Country Pet Centre Inc
OWNER: Mary Ann Surgen
ADDRESS: 2241 NW 14th St, Oviedo, FL
TELEPHONE: (321) 635-2232

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
---|---|---

Try new disinfectant. Every day I walk on hot concrete, need to repeat and retest. Few runs Inspiring since you shut down.
Good job on records. Keep up the good work.

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 12/13/06 Time: 2:00pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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