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: 35.33350 W: 81.8383

LICENSE #: 20447
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Forest City Pets of Rutherford Co. LLC
OWNER: Chris Nelson
ADDRESS: 145 East Main Street Forest City, NC
TELEPHONE: (277) 421-2473
VMO: Hunter
COUNTY: Rutherford

Number of Primary Enclosures: 2
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
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

SPECIAL ITEMS

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

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

Date: 1/4/2011

INSPECTOR'S SIGNATURE

DISAPPROVED

Time: 11:45

OWNER/AUTHORIZED AGENT'S SIGNATURE

AW-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
PAGE 1 OF 1
North Carolina Department of Agriculture and Consumer Services  
Veterinary Division  
Animal Welfare Licensure Information  
Change Form

Facility Name: Forest City Pets  
License #: 20447  

Address: 141 Thomas Street  
Forest City, NC  
Owner: Chris Nelson  
Phone #: (727) 421-2423

Information to be changed: circle appropriate status change and provide information

Out of Business: Date to terminate license __/__/____

Change of Ownership: New owner: __________________________

Owner’s home phone number: (____) __________________________

Owner’s home address: __________________________

Note: a new license must be issued for the new owner

Change of Name of Business: New name: __________________________

Change of Telephone Number: Facility’s new phone number: (____) __________________________

Change of Address: Facility’s new address: 145 East Main Street  
Forest City, NC

Change of Veterinarian: New vet: Name: __________________________

(first) (last)

Address: __________________________

Mail form to:  
NCDA&CS  
1030 Mail Service Center  
Raleigh, NC  27699-1030  
Phone #: (____) __________________________

Signature __________________________  
Date 11/9/11