Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random X _____

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR X
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.70655 **W:** 81.31290

LICENSE #: 10449
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel X Pet Shop ☐ Public Auction ☐
BUSINESS NAME: PetSmart #418
OWNER: Manager - Tim Bachner
ADDRESS: 1610 8th Street Drive Hickory N.C.
TELEPHONE: (828)222-1202
VMO Hunter
COUNTY Catawba

Number of Primary Enclosures 10 **Animals Present: Dogs** 0 **Cats** 10

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities
- X 1. Structure & Repair
- X 2. Ventilation & Temp.
- X 3. Lighting
- X 4. Ceiling, Wall, Floors
- X 5. Storage
- X 6. Water Drainage

Primary Enclosures
- X 7. Structure & Repair
- X 8. Space
- X 9. Ventilation & Temp.
- X 10. Adequate Shelter

SANITATION

- X 11. Waste Disposal
- X 12. Odor
- X 13. Ceiling, Wall, Floors
- X 14. Primary Enclosures
- X 15. Equipment & Supplies
- X 16. Washrooms, Sinks, Basins
- X 17. Insect/Vermin Control
- X 18. Building & Grounds

HUSBANDRY
- X 19. Adequate Feed/Water
- X 20. Food Storage
- X 21. Personnel
- NA Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- ☐ 23. Animals' Appearance

SPECIAL ITEMS

Records
- X 24. Description of Animals
- ☐ 25. Records/Vet Treatment
- ☐ 26. Origin/Disposition
- NA Signature (boarding kennel)
- NA 28. Written permission from owner for commingling (doggie daycare)

Transportation
- X 29. Care in Transit Discussed

Veterinary Care
- X 30. Isolation Facility
- X 31. No Signs of Illness/ Treated

X **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 6/16/10 Time: 11:30

Gary Stanley
Inspector's Signature

Felicia M Greaver
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
#23	Cat named Snowball was observed during inspection to have upper Respiratory problems / eyes, and breathing. The Cats Cradle was Contacted and the animal was to be picked-up with an hour. Shot Record on this Cat were not Available At time of Inspection but were produced before end of inspection.	
#25	All Shot records Must be in place and available At All Times	
#26	All Origin papers must be in place and have the required Doc. Such as name, address, phone # NO P.O. Boxes will be accepted. Most of the origins on the Animals that were there At time of inspection only had street name + Town. (More Specific)	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 6/16/10 Time: 11:30

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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