

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

INDOOR <input checked="" type="checkbox"/>
OUTDOOR <input type="checkbox"/>
BOTH <input type="checkbox"/>

Type of Inspection	
New <input type="checkbox"/>	_____
Annual <input checked="" type="checkbox"/>	_____
Follow-Up <input type="checkbox"/>	_____
(Prev. Inspection Date)	
Complaint <input type="checkbox"/>	_____
Courtesy <input type="checkbox"/>	_____
Random <input type="checkbox"/>	_____

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.90464 W: 78.95365

LICENSE #: 10675
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: PETCO 2719
 OWNER: MARLEY'S CAT TAKE
 ADDRESS: 8200 Renaissance Parkway Durham NC
 TELEPHONE: (919) 870-9638
 VMO: Hunter
 COUNTY: Durham

Number of Primary Enclosures 7 Animals Present: Dogs 0 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
 - 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: 7/9/09 Time: 9:10pm

J. E. [Signature]
 Inspector's Signature

[Signature]
 Owner/Authorized Agent's Signature

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