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: 35.26028 **W:** 81.11459

LICENSE #: 10468
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☒ **Public Auction** ☐
BUSINESS NAME: PETSMART #409
OWNER: PETSMART
ADDRESS: 3698 E FRANKLIN BLVD
TELEPHONE: (704) 824-5010
VMO SWAIM
COUNTY GASTON

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
☒ 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
N/A Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☐ 23. Animals' Appearance

SPECIAL ITEMS

Records
☒ 23. Description of Animals
☐ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
N/A Signature (boarding kennel)
N/A Written permission from owner for commingling (doggie daycare)

Transportation
☐ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/ Treated

☐ **APPROVED** ☐ **DISAPPROVED** Date: OCT 4, 2007 Time: 13:37

Shelley J. Swaim
Inspector's Signature

Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Pets Mart #409
OWNER: _____
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
11 12	At 13:37 Animals have not been fed or primary enclosures cleaned. There is a noticeable odor due to the dirty litter boxes. Primary enclosures shall be cleaned and waste removed a min of 2x daily	
14	Cage #1 DSH orange & white adult cat "Lucky" M(N) Evidence of recent and dried vomit on bedding. Cage #7 DSH gr & white adult cat "Marcy F(S) dried fecal material on walls of cage. Bedding contaminated with feces. Cage #9 DSH calico adult cat Ellie F(S). Litter pan empty - litter and feces spilled on to bottom of enclosure	
19	Cage # 4 DSH Black cat F "Christine" DSH dilute calico F "Clem" No water and very little food	
23	Cage #4 Both cats are sneezing - Christine has bilateral ocular discharge. Could not find tx records - Remove these two cats - isolate and seek veterinary care by 6:00 pm today - Removed by management and taken to Banfields. Husbandry issues to be corrected within 24 hrs	

17:30
Joann Hager called me and stated all inadequacies would be corrected by Oct 5 2007 AM and that the kittens would be transported to the veterinarian for exam and treatment if needed.

☐ APPROVED ☒ DISAPPROVED Date: Oct 4, 2007 Time: 13:37

Shelley J. Swain
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

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