Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up OCT 6, 2007
(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 GASTONIA
TELEPHONE: (704) 824-5010
VMO SWAIM
COUNTY GASTON

Number of Primary Enclosures 10 **Animals Present: Dogs** Ø **Cats** 12

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
N/A Care in Transit Discussed

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

☒ **APPROVED** ☐ **DISAPPROVED** Date: Oct 9, 2007 Time: 14:30

Sheree J. Swaim — **Inspector's Signature**

Pam Kingery — **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: PETSMART #409
OWNER: _____
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	INADEQUACIES HAVE BEEN ADDRESSED	
	AND PAPERWORK IS GREATLY IMPROVED	
	PLEASE MAINTAIN RECORDS FOR ONE YEAR.	

☐ APPROVED ☐ DISAPPROVED Date: Oct 9, 2007 Time: 14:30

Shelley J. Swain
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner