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

NCDA&CS, VETERINARY DIVISION
P. O. BOX 26026, RALEIGH, NC 27611
Phone: 919/733-7601, Fax: 919/733-2277

INDOOR ☒
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.24624 **W:** 77.87955
QBSP Number – ___ - ___ - ___ - ___ - ___

BUSINESS NAME: Pets Mart #419 **LICENSE#:** 10450
OWNER:
ADDRESS: 4715 E. New Center Dr, Wilmington, NC 28403
TELEPHONE: (910) 452 - 4422 **VMO** Sholar **COUNTY** New Hanover
TYPE FACILITY: Animal Shelter ☐ **Boarding Kennel** ☒ **Dealer** ☐ **Pet Shop** ☐ **Public Auction** ☐
Number of Primary Enclosures 15 **Animals Present: Dogs** 0 **Cats** 35

Inspector: Mark "X" in box, if adequate. Circle 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. Animals' Appearance

SPECIAL ITEMS
Records
☐ 23. Description of Animals
☒ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
N/A 26. Signature (boarding kennel)

Transportation
☒ 27. Care in Transit Discussed

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
20)	Open bags of food must be stored in a covered/closed container.	
	Remember there should be 1 litter pan per 3 cats in one primary enclosure	
23)	Need to be more specific in description of cats - markings + color.	
25)	Records or copies of records of Origin/Disposition must be avalable when inspection is preformed.	
		Re-Insp. 30days

☐ **APPROVED** ☒ **DISAPPROVED** Date: 7-10-07 Time: 12:30 pm

Veterinarian: Dennis Jackson Telephone: (910) 799-0401

Petm. Sholar
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 7/01 White= Office Canary= Inspector Pink= Owner