ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 41′ 87″ W: 80° 47′ 69″

LICENSE #: 10811
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: VETS MART INC
OWNER: VETS MART INC
ADDRESS: 1070 BAYFIELD PARKWAY CONCORD
TELEPHONE: (704) 788-9616
VMO: HUNTER
COUNTY: CABARRUS

Number of Primary Enclosures 9 Animals Present: Dogs 0 Cats 17

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
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

SPECIAL ITEMS

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

RECORDS
23. Description of Animals
24. Records/Vet Treatment
25. Origin/Disposition
26. Signature (boarding kennel)
27. Written permission from owner for commingling (doggie daycare)

TRANSPORTATION
28. Care in Transit Discussed

VETERINARY CARE
29. Isolation Facility
30. No Signs of Illness/Treated

APPROVED □ DISAPPROVED Date: Nov 4, 2008 Time: 11:12

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: __________________________
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: PETS MART & KL508
OWNER: ___________________________________________________________
ADDRESS: _______________________________________________________
TELEPHONE: (______) _______ - ____________

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 82</td>
<td>NO SEX ON DESCRIPTION - MAKE SURE SEX IS REGISTERED ON DESCRIPTION OF ANIMALS</td>
<td></td>
</tr>
<tr>
<td>☐ 84</td>
<td>ADD TIME ON MEDICAL RECORDS TX SHEET</td>
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<tr>
<td></td>
<td>ADDED PAPERWORK IS COMPLETE</td>
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<tr>
<td></td>
<td>SICK KITTENS HAVE BEEN REMOVED, LITTER RECALLED</td>
<td></td>
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<tr>
<td></td>
<td>HAS BEEN ADDO, # OF KITTENS IN #1 REDUCED TO 5</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 11/4/08 Time: 11:12

Shelley Adams  Canary  Inspector
Inspector's Signature  Owner/Authorized Agent's Signature

White= Office  Pink= Owner

AW-2
Rev. 1/07
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