ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.70655  W: 81.31290

LICENSE #: 10449
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Petsmart # 418
OWNER: Manager - Tim Bachner
ADDRESS: 1616 8th Street Drive Hickory N.C.
TELEPHONE: (828) 209-1502
VMO Hunter
COUNTY Catawba

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 ☐
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: 4/14/20  Time: 11:30

Inspector’s Signature
Mary Stenny

Owner/Authorized Agent’s Signature
Felicia Tucker

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

PAGE 1 OF 2
License #: 1049
Type Facility: Animal Shelter (Private/Public) ☒ Boarding Kennel ☒ Pet Shop ☒ Public Auction ☒
Business Name: PetSmart #478
Owner: Manager - Tim Bachner
Address: 1610 8th Street Drive, Hickory, NC
Telephone: (336) 227-4022

<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>#23</td>
<td>Cat named Snowball was observed during inspection to have upper respiratory problems, eyes, and breath. The Cradle was contacted and the animal was to be picked-up with an hour. Shot record on this cat were not available at time of inspection but were produced before end of inspection.</td>
<td></td>
</tr>
<tr>
<td>#25</td>
<td>All shot records must be in place and available at all times.</td>
<td></td>
</tr>
<tr>
<td>#26</td>
<td>All origin papers must be in place and have the recorded Doc. Such as name, address, phone #. No po boxes will be accepted. Most of the origins on the animals that were there at time of inspection only had street name + town. (More specific).</td>
<td></td>
</tr>
</tbody>
</table>

Approved ☒ Conditionally Approved ☒ Disapproved ☒ Date: 6/1/01 Time: 11:50

Inspector's Signature: [Signature]
Owner/Authorized Agent's Signature: [Signature]

AW-2
Rev. 1/07
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Page 2 of 2