ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.05368 W: 78.97124

LICENSE #: 10539
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Petsmart #415
OWNER: Petsmart Corp.
ADDRESS: 2061 Skibo Rd., Fayetteville, NC 28314
TELEPHONE: (910) 467-2300
VMO Sholar
COUNTY Cumberland

Number of Primary Enclosures 12 Animals Present: Dogs 0 Cats 11

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 ☑
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 ☑
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 ☑

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

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 ☐

Inspector’s Signature: [Signature]

Date: 01/09 Time: 4:30 PM

Owner/Authorized Agent’s Signature: [Signature]
LICENSE #: 10539
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Poem #415
OWNER:
ADDRESS: Cont.
TELEPHONE: (____) _______ Cont.

<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>
</table>

Comments:
Records of Origin were not complete on 8 out of 11 records. Monument called the Haven and Haven personnel came to the site and completed the records. It is very important Records of Origin be completed.

Approved ☑ Conditionally Approved ☐ Disapproved ☐ Date 12/12/09 Time: 4:30 PM

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

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

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