

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

DA&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: W:

LICENSE #: 10635
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Pet Smart #600
 OWNER: Tredell Battle
 ADDRESS: 3615 W. The-spoon Blvd Suite 101 Durham NC 27707
 TELEPHONE: (919) 403-6902
 VMO: Blomquist
 COUNTY: Durham

Number of Primary Enclosures 9 Animals Present: Dogs 0 Cats 5

**Inspector: Mark "X" in each box, if adequate.
 Circle each item number, if inadequate.
 Use NA if not applicable**

- | | | |
|---|--|---|
| <p>STRUCTURE</p> <p><u>Housing Facilities</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Structure & Repair <input checked="" type="checkbox"/> 2. Ventilation & Temp. <input checked="" type="checkbox"/> 3. Lighting <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors <input checked="" type="checkbox"/> 5. Storage <input checked="" type="checkbox"/> 6. Water Drainage <p><u>Primary Enclosures</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 7. Structure & Repair <input checked="" type="checkbox"/> 8. Space <input checked="" type="checkbox"/> 9. Ventilation & Temp. <input checked="" type="checkbox"/> 10. Adequate Shelter | <p>SANITATION</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 11. Waste Disposal <input checked="" type="checkbox"/> 12. Odor <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors <input checked="" type="checkbox"/> 14. Primary Enclosures <input checked="" type="checkbox"/> 15. Equipment & Supplies <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins <input checked="" type="checkbox"/> 17. Insect/Vermin Control <input checked="" type="checkbox"/> 18. Building & Grounds <p><u>HUSBANDRY</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 19. Adequate Feed/Water <input checked="" type="checkbox"/> 20. Food Storage <input checked="" type="checkbox"/> 21. Personnel <input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area <input checked="" type="checkbox"/> 23. Animals' Appearance | <p>SPECIAL ITEMS</p> <p><u>Records</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 23. Description of Animals <input checked="" type="checkbox"/> 24. Records/Vet Treatment <input checked="" type="checkbox"/> 25. Origin/Disposition <input checked="" type="checkbox"/> 26. Signature (boarding kennel) <input checked="" type="checkbox"/> 27. Written permission from owner for commingling (doggie daycare) <p><u>Transportation</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 28. Care in Transit Discussed <p><u>Veterinary Care</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 28. Isolation Facility <input checked="" type="checkbox"/> 29. No Signs of Illness/Treated |
|---|--|---|

APPROVED DISAPPROVED Date: 7/31/07 Time: 2:30pm

J. E. Blomquist Inspector's Signature [Signature] Owner/Authorized Agent's Signature

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