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


LICENSE #: 10468
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☑ Pet Shop □ Public Auction □
BUSINESS NAME: Detsmart #409
OWNER: Detsmart
ADDRESS: 3698 E Franklin Blvd Gastonia
TELEPHONE: (704) 824-5010
VMO Swain
COUNTY Gaston

Number of Primary Enclosures 10  Animals Present: Dogs 0  Cats 12

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
☐ 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. No Signs of Illness/Treated

☑ APPROVED  ☐ DISAPPROVED  
Date: 10/9/2007  Time: 14:30

Inspector’s Signature: Swain  Owner/Authorized Agent’s Signature: Koohey

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #:  
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐  
BUSINESS NAME: Petsmart # 409  
OWNER:  
ADDRESS: CONT  
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></td>
<td><strong>INADEQUACIES HAVE BEEN ADDRESSED</strong></td>
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<td></td>
<td><strong>AND PAPERWORK IS GREATLY IMPROVED</strong></td>
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<td><strong>PLEASE MAINTAIN RECORDS FOR ONE YEAR.</strong></td>
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☑ APPROVED ☐ DISAPPROVED  
Date: **Oct 9, 2007**  
Time: **14:30**

Shelley J. Swann  
Inspection’s Signature  

Greg Kingery  
Owner/Authorized Agent’s Signature  

White= Office  
Canary= Inspector  
Pink= Owner  

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