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

GPS Coordinates - N: 35.360442 W: 81.11436

LICENSE #: 10468
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel X □ Pet Shop □ Public Auction □
BUSINESS NAME: PetSmart
OWNER: Casteen
ADDRESS: 3698 E. Franklin Blvd, Casteen, NC.
TELEPHONE: (824) 824-5010
VMO Hunter
COUNTY Casteen

Number of Primary Enclosures 10 Animals Present: Dogs 0 Cats 9

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/Walls/Floors
5. Storage
6. Water Drainage

Primary Enclosures
7. Structure & Repair
8. Space
10. Adequate Shelter

SANITATION
11. Waste Disposal
12. Odor
13. Ceiling/Walls/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 X DISAPPROVED Date: 12/17/2010 Time: 11:00

Mary Stemen
Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
## ANIMAL WELFARE INSPECTION CONTINUATION PAGE

**LICENSE #: 10468**

**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel ☑ Pet Shop □ Public Auction □

**BUSINESS NAME:** Petsmart #429

**OWNER:** Petsmart

**ADDRESS:** 3698 E. Franklin Blvd, Gastonia, N.C.

**TELEPHONE:** (704) 524-5010

<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>#4</td>
<td>Wall to left of primary enclosures where in animals reach - Sheetrock in damaged and needs to be covered with material impervious to moisture.</td>
<td></td>
</tr>
<tr>
<td>#13</td>
<td>Adjust cleaning schedule to assure that floors within adoption room are more properly cleaned - build-up of dirt, litter and food under primary enclosures, baseboards and seams in concrete.</td>
<td></td>
</tr>
<tr>
<td>#20</td>
<td>All food must be stored in sealed containers - food was in open bag in metal cabinet.</td>
<td></td>
</tr>
<tr>
<td>#26</td>
<td>All origin paperwork was incomplete - TCRG is at this facility, but information on origin must have contact name, number, and address. NO P.O. Boxes will be accepted.</td>
<td>Noted in last inspection</td>
</tr>
</tbody>
</table>

*All adoption paperwork was in order*

*Re-inspect within 30 days*

□ APPROVED  ☑ DISAPPROVED  Date: 12/17/2010  Time: 11:00

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**