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: 56.06224 W: 79.49248

LICENSE #: 10986
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: PetSmart 413
OWNER:
ADDRESS: 2641 Saudale Dr
TELEPHONE: (336) 545-6285
VMO: Hunter
COUNTY: Guilford
Number of Primary Enclosures Animals Present: Dogs □ Cats 15

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

SPECIAL ITEMS

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

24. Description of Animals
25. Records/Vet Treatment
26. Origin-Disposition
27. Signature (boarding kennel)
28. Written permission from owner for commingling (doggie daycare)
29. Care in Transit Discussed
30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED □

Inspector’s Signature

Date: 11/06 Time: 14:00

Owner/Authorized Agent’s Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10484
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: PetSmart 413
OWNER: Cond
ADDRESS: 
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>DS# 9 grey feline slight sneezing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please check bag #7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DS# 1 brown feline sneezing #9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Isolate both cats until they can be re checked by your veterinarian</td>
<td></td>
</tr>
</tbody>
</table>

(APPROVED) □ CONDITIONALLY APPROVED □ DISAPPROVED  
Date: 1/31/10  Time: 11:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2  
Rev. 1/07  
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