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° 59' 78" W: 80° 8' 52"

LICENSE #: 10585
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Petmate Corp
OWNER: ☐
ADDRESS: 3400 River Rd, Mt Olive, NC 28369
TELEPHONE: (704) 380-5444
VMO ☐
COUNTY ☐

Number of Primary Enclosures 11 Animals Present: Dogs 0 Cats 7

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
☐ 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

Owner/Authorized Agent’s Signature

Date: 1/13/09 Time: 9:00 AM

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 12565**

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

**BUSINESS NAME:** Petsmart - 1095

**OWNER:**

**ADDRESS:** 5456 Old 105 150 Morrisville NC

**TELEPHONE:** (704) 666-0444

<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>We need to make sure we get exact location of where cat came from. Starting today. Vaccination records are in order good job. Adoption records fine, they were cleaning while back work in the above.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**

**CONDITIONALLY APPROVED**

**DISAPPROVED**

**Date:** 8/5/169  **Time:** 9:00AM

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**