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: 35.35457  
W: 86.52414  

LICENSE #: 10749  
TYPE FACILITY: Animal Shelter (Private/Public)  
Boarding Kennel  
Pet Shop  
Public Auction  
BUSINESS NAME: Petco 2760  
OWNER:  
ADDRESS:  
TELEPHONE: (919) 863-5742  
VMO  
COUNTY: Moore  

Number of Primary Enclosures: 6  
Animals Present: Dogs  
Cats  

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  

Records  
24. Description of Animals  
25. Records/Vet Treatment  
26. Origin/Disposition  
27. Signature (boarding kennel)  

Transportation  
29. Care in Transit Discussed  

Veterinary Care  
30. Isolation Facility  
31. No Signs of Illness/Treated  

APPROVED  
□ CONDITIONALLY APPROVED  
□ DISAPPROVED  

Date: 1/25/01  
Time: 9:47  

Inspector’s Signature  
Owner/Authorized Agent’s Signature  

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

PAGE 1 OF 2
<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>&quot;Catering to Cats and Dogs&quot; Animal Rescue in the facility are the works.</td>
<td></td>
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<tr>
<td></td>
<td>&quot;Forever Home&quot; rescue is currently occupying adoption cages.</td>
<td></td>
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<tr>
<td></td>
<td>25 Black &quot;Linsy&quot; slight bilateral ocular discharge and nasal discharge - isolate and seek veterinarian's recommendation - treat if needed. Records are in good order.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**

Inspector's Signature: [Signature]

Date: 12/19/07 Time: 09:41

Owner/Authorized Agent's Signature: [Signature]

White= Office

Canary= Inspector

Pink= Owner