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: 22° 16' 46" W: 80° 8' 31"

LICENSE #: 10718
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Petsmart 1509
OWNER:
ADDRESS: 14137 picturesque Plaza circ.
TELEPHONE: (704) 587-1198
VMO:
COUNTY:

Number of Primary Enclosures 9 Animals Present: Dogs ☑ 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/Vermite 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

AW-2
Rev. 1/07

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10118
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: 167301
OWNER: Count
ADDRESS: __________
TELEPHONE: (_______) _________

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The original records for [cats and dogs] are not available. Make sure original information is complete. The original records to this office within 14 days. The animal records to this office within 14 days. “Sammy” “Tom” “Rebecca”</td>
</tr>
<tr>
<td></td>
<td>(C) Primary ownership #1 - chamber chicken (24 eggs are due, remove chicken at least 60 days. Consult your veterinarian for advice.</td>
</tr>
<tr>
<td></td>
<td>34 hrs)</td>
</tr>
</tbody>
</table>

☐ APPROVED  ☑ CONDITIONALLY APPROVED  ☐ DISAPPROVED  

Date: 3/27/2007 Time: 15:01

Shelley Swan
Inspector’s Signature

[White- Office]

Canary- Inspector

Owner/Authorized Agent’s Signature

[Pink- Owner]

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