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: 35.0571W W: 80.47815

LICENSE #: 204112
TYPE FACILITY: Animal Shelter (Private/Public) ☐  Boarding Kennel ☐  Pet Shop ☒ Public Auction ☐
BUSINESS NAME: Public Auction
OWNER: Cindy Parks
ADDRESS: 8120 Providence Rd. Suite 300  Charlotte, NC
TELEPHONE: ☐ 415-454-0000
VMO Hunter
COUNTY Meck

Number of Primary Enclosures 40  Animals Present: Dogs 50  Cats 4

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)
28. Written permission from owner for commingling (doggie daycare)

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

Transportation
39. Care in Transit Discussed

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

APPROVED ☑  CONDITIONALLY APPROVED ☐  DISSAPPROVED ☐

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

PAGE __ OF ___
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 20412
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☑ Public Auction ☐
BUSINESS NAME: PetSmart
OWNER: 
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>Last Inspector 9-15-09:</td>
<td>No inadequacies</td>
<td></td>
</tr>
<tr>
<td>Today's Inspector:</td>
<td>No inadequacies</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED ☑ DISAPPROVED ☐ Date: 9-2-10 Time: 11:00 am

Inspector’s Signature: (Signature)

Owner/Authorized Agent’s Signature: (Signature)

White= Office  Canary= Inspector  Pink= Owner

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