ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35°34'68" W: 80°55'53.87"

LICENSE #: 05607

TYPE FACILITY: Animal Shelter (Private/Public) [X] Boarding Kennel [ ] Pet Shop [ ] Public Auction [ ]

BUSINESS NAME: Vets Mart #1570

OWNER: Perimeter Petway Care

ADDRESS: 10845 Perimeter Petway Care

TELEPHONE: 10845 Perimeter Petway Care

VMO: Hunter

COUNTY: Meck

Number of Primary Enclosures: 9

Animals Present: Dogs: 0, Cats: 8

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 [X]
2. Ventilation & Temp. [X]
3. Lighting [X]
4. Ceiling, Wall, Floors [X]
5. Storage [X]
6. Water Drainage [X]

Primary Enclosures
7. Structure & Repair [X]
8. Space [X]
9. Ventilation & Temp. [X]
10. Adequate Shelter [X]

SANITATION

11. Waste Disposal [X]
12. Odor [X]
13. Ceiling, Wall, Floors [X]
14. Primary Enclosures [X]
15. Equipment & Supplies [X]
16. Washrooms, Sinks, Basins [X]
17. Insect/Vermin Control [X]
18. Building & Grounds [X]

SPECIAL ITEMS

HUSBANDRY
19. Adequate Feed/Water [X]
20. Food Storage [X]
21. Personnel [X]
22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area [X]
23. Animals' Appearance [X]

RECORDS
23. Description of Animals [X]
24. Records/Vet Treatment [X]
25. Origin/Disposition [X]
26. Signature (boarding kennel) [X]
27. Written permission from owner for commingling (doggie daycare) [X]

TRANSPORTATION
27. Care in Transit Discussed [X]

VETERINARY CARE
28. Isolation Facility [X]
29. No Signs of Illness/Treated [X]

APPROVED [X]  □ DISAPPROVED

Date: Nov 3, 2008  Time: 14:45

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 10607  
**TYPE FACILITY:** Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop  □ Public Auction  □

**BUSINESS NAME:** Petsmart #1510

**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></td>
<td>Paperwork is greatly improved. Original intake form is complete. Good job.</td>
<td>New</td>
</tr>
<tr>
<td></td>
<td>However, could not find original ID on three cats “Kate,” “Cissy,” “Bessie.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Will fax to office within 14 days. Facility can be approved.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  

**Inspector’s Signature**

**Date:** 3/13  
**Time:** 11:45

**Owner/Authorized Agent’s Signature**

**White= Office**  
**Canary= Inspector**  
**Pink= Owner**

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