NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

Type of Inspection
New ☐
Annual ☐
Follow-Up ☐
(Prev. Inspection Date)
Complaint ☐
Courtesy ☐
Random ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.34481 W: 80.85324

LICENSE #: 10804
TYPE FACILITY: Animal Shelter (Private/Public) ☐
Boarding Kennel ☐
Pet Shop ☐
Public Auction ☐

BUSINESS NAME: Petsmart # 1510
OWNER: Petsmart Corp.
ADDRESS: 10245 Perimeter Parkway, Charlotte, NC
TELEPHONE: (704) 599-0475
VMO Hunter
COUNTY Mecklenburg

Number of Primary Enclosures 9
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 ☐

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 ☐
DISAPPROVED ☐

Date: 12-29-10
Time: 1:55pm - 2:35pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**LICENSE #: 10807**

**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>Previous inspection performed on 3-18-10 with no inadequacies.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's Inspection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No inadequacies noted today.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is one DSM birch white sneezing while I'm here. Does not have ocular or nasal discharge. See a vet if problem persists.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cats belong to Lincoln County Humane Society.</td>
<td></td>
</tr>
</tbody>
</table>

---

**APPROVED**

**Inspector's Signature:**

**DISAPPROVED**

**Date:** 12-29-10  **Time:** 1:55-2:35pm

**Owner/Authorized Agent’s Signature:**

---

AW-2
Rev. 1/07

White= Office

Canary= Inspector

Pink= Owner