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: 35.05685 W: 80.52593

LICENSE #: 104167
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: YETSMArt 407
OWNER:
ADDRESS: 10400 (CENTRUM FOR WELMAN
TELEPHONE: (704) 543-1307
VMO Hunter
COUNTY Union

Number of Primary Enclosures 8 Animals Present: Dogs 0 Cats 12

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 ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 01/06 Time: 08:30

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10467**  
**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □  
**BUSINESS NAME:** Pets Mart 10/7  
**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>26</td>
<td>No Origin For &quot;PEARL&quot; UPDATE RECORDS AND FAX TO OFFICE.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** □ CONDITIONALLY APPROVED □ DISAPPROVED  
**Date:** 9/5/07  **Time:** 12:32  
**Inspector’s Signature:**  
**Owner/Authorized Agent’s Signature:**  

White= Office  
Canary= Inspector  
Pink= Owner  

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Rev. 1/07  
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