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

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**ANIMAL WELFARE INSPECTION**

**GPS Coordinates - N:** 35° 47' 98''  
**W:** 77° 81' 19''

**LICENSE #:** 10488  
**TYPE FACILITY:** Animal Shelter (Private/Public) ☐  Boarding Kennel ☑  Pet Shop ☐  Public Auction ☐

**BUSINESS NAME:** PET SMART & GOF  
**OWNER:** PET SMART  
**ADDRESS:** 1422 JEFFREYS RD, ROXY WILLOW, NC 27804  
**TELEPHONE:** (332) 451-5200  
**VMO**  
**COUNTY**  

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**Number of Primary Enclosures:** 5  
**Animals Present:** Dogs 0  Cats 37

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**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

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**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

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**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

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**SPECIAL ITEMS**

**Records**

☑ 24. Description of Animals  
☐ 25. Records/Vet Treatment  
☐ 26. Origin/Disposition NO  
☐ 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

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☐ APPROVED  
☐ DISAPPROVED  
**Date:** 10 August 2018  
**Time:** 11:00

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**Inspector's Signature**  
**Owner/Authorized Agent's Signature**

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

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PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 18488
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: PET SMART # 609
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>
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<tr>
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<td>* Note: Keep area clean at all times.</td>
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☑ APPROVED □ DISAPPROVED Date: 10/30/2010 Time: 11:00

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

AW-2 Rev. 1/07
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