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: 34.24624 W: 77.87955

LICENSE #: 10450
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: PetsMart # 417
OWNER: PetsMart Corp
ADDRESS: 4715 E. New Hanover Dr., Wilm., NC 28403
TELEPHONE: (910) 452-4422
VMO Sholder
COUNTY New Hanover

Number of Primary Enclosures 15 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

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

29. Care in Transit Discussed

Veterinary Care

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector's Signature

Date: 11/09 Time: 3:20 PM

Owner/Authorized Agent’s Signature

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

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ANIMAL WELFARE SECTION,  
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10450  
TYPE FACILITY: Animal Shelter (Private/Public)  
BUSINESS NAME: Totsmart # 417

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>Records of Origin need to be more complete, need to list full address and if animals come from an animal control it needs an identification number. Store Manager is aware of this and will address this with the adoption shop.</td>
<td></td>
</tr>
</tbody>
</table>

X APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  

[Signatures]

Date: 9/10/09 Time: 3:00 PM  
Inspector's Signature  
Owner/Authorized Agent's Signature  

AW-2  
Rev. 1/07  
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