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: 34.78528 W: 77.40351

LICENSE #: 10494
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Pet Mart #416
OWNER: Pet Mart Corp.
ADDRESS: 1335 Western Blvd, Jacksonville, NC 28540
TELEPHONE: (910) 393-2410
VMO ☐ County ☒
COUNTY: Onslow

Number of Primary Enclosures: 10 Animals Present: Dogs 0 Cats 15

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
124. 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 ☒

Date: 9/14/09 Time: 11:20 AM

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
<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 are not available on any of the 15 cats being housed today. All cats records must provide a record of origin. If it is a stray, the person's name/address/phone # must be provided as well as the area the cat was found.</td>
<td></td>
</tr>
<tr>
<td>25)</td>
<td>Top cat in cage &quot;A&quot;, Cricket has no record of a current Rabies vaccination. All cats 4 months old must have proof of a current Rabies vaccination.</td>
<td></td>
</tr>
</tbody>
</table>

Advised store manager to have the "Cricket" cat removed from the adoption area immediately and to contact both adoption groups and get the origin information or remove them from the store.

Re-Inspect Tomorrow 9-15-09

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☒ DISAPPROVED  

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

Date: 8/14/09  Time: 11:20 AM

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