ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34° 7' 52.8" W: 77° 40' 35.1"

LICENSE #: 1044
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: petsmart #416
OWNER: petsmart corp.
ADDRESS: 1335 Western Blvd., Dix, NC 28540
TELEPHONE: (919) 438-2410
VMO Sheler
COUNTY Orange

Number of Primary Enclosures 10 Animals Present: Dogs 0 Cats 13

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

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)

SPECIAL ITEMS

☐ 29. Care in Transit Discussed

TRANSPORTATION

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

VETERINARY CARE

Treated

☐ APPROVED ☐ CONDITIONALLY APPROVED ☑ DISAPPROVED

Date 8-7-08 Time 2:30 PM

Approved by

Owner/Authorized Agent’s Signature

Inspector’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 104044
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Retner # 416
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>Follow-up from 7-24-08</td>
<td>Odors are not an issue today.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td>Items still to be addressed.</td>
<td></td>
</tr>
<tr>
<td>12) Top of cage needs to be cleaned. Under cages needs to be cleaned. Air filter in ceiling needs to be cleaned.</td>
<td>Records of origin are not available for inspection today.</td>
<td></td>
</tr>
<tr>
<td>Re-Inspected in 3 weeks.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED  Date: 8-6-08 Time: 2:30 PM

Inspector’s Signature

Owner/Authorized Agent’s Signature

Rev. 1/07
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