ANIMAL WELFARE INSPECTION

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

LICENSE #: 10494
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Petmorn #416
OWNER: Petmorn Corp.
ADDRESS: 1335 Western Blvd., Joy, NC 28540
TELEPHONE: (910) 438-2410
VMO Sholar
COUNTY Onslow

Number of Primary Enclosures 10 Animals Present: Dogs 0 Cats 9

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: 8/26/08 Time: 10:00 AM

Owner/Authorized Agent’s Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #:  
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □ BUSINESS NAME:  
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>
</table>
| 1. Follow-up from 8-6-08  | Comments on items that were to be addressed:  
TopCat and CAPS are the rescue groups who provide the cats for adoption. CAPS and Topcat have been contacted by me and I discussed the need to have complete records of origin. Today, records are better but would prefer more details. Groups need to be as explicit as possible in providing the details - name, address, phone # -  |  |
| 13) Sanitation underneath and on top of cages is still poor. Needs to be thorouglhy cleaned and cleaned of all spilled food and cat litter.  | Cages are clean, cats fed and watered, no signs of illness noted.  |  |

☑ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  

Date: 8-26-08 Time: 10:00 AM

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