ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35°01'9.68" W: 80°58'02.5"

LICENSE #: 10645
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel✓ Pet Shop □ Public Auction □
BUSINESS NAME: Pets Mart #1436
OWNER: Pets Mart INC
ADDRESS: 2875 W. INDEPENDENCE MONROE
TELEPHONE: (704) 225-9447
COUNTY: UNION

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

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

SPECIAL ITEMS

Records
☐ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☐ 26. Signature (boarding kennel)
☐ 27. Written permission from owner for comingling (doggie daycare)

Transportation
☐ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

APPROVED ☐ DISAPPROVED ☐

Date: Nov 6, 2007 Time: 14:10

Inspector’s Signature

Owner/Authorized Agent’s Signature

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:**  
**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □  
**BUSINESS NAME:** PET'S M A R T CONT 
**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></td>
<td>HSUC HAS PULLED OUT OF THIS FACILITY</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MGR WILL CALL WHEN A NEW ORGANIZATION IS CONTRACTED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO INADEQUACIES NOTED AT THIS TIME</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED    □ DISAPPROVED  Date: **Nov 8, 2007**  Time: **14:10**  

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

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

**PAGE ___ OF ___**