Type of Inspection
New ☐ _____
Annual ☒ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR ☒
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.29294 **W:** 80.79796

LICENSE #: 10469
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: PETSMART #410
OWNER:
ADDRESS: 8116 UNIVERSITY CITY BLVD CHARLOTTE
TELEPHONE: (704) 599-3989
VMO HUNTER
COUNTY MECK

Number of Primary Enclosures 8 **Animals Present: Dogs** _____ **Cats** 4

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
- ☒ 9. Ventilation & Temp.
- ☒ 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
- N/A 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
- N/A 26. Signature (boarding kennel)
- N/A 27. Written permission from owner for commingling (doggie daycare)

Transportation
- N/A 28. Care in Transit Discussed

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

☐ **APPROVED** ☒ **DISAPPROVED** Date: FEB 25, 2008 Time: 10:00

Shelley J. Swan
Inspector's Signature

Sherry Valone, PCM
Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 10469
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: PETSMART #410
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(23)	DSH BLACK CAT & MABEL (R) EYE HALF CLOSED HAIR LOSS REMOVE/ISOLATE NOW	
	DSH ORANGE TABBY OT SNEEZING CONGESTED REMOVE/ISOLATE NOW	
(28)	- NO ISOLATION FACILITY - DESIGNATE AREA FOR ISOLATION OF CONTAGIOUS ANIMALS DONE AT TIME OF INSPECTION	
(23)(25)	NO ORIGIN PAPERWORK AVAILABE AT TIME OF INSPECTION - PAPERWORK MUST BE MADE AVAILABLE ~~FOR~~ AT ALL TIMES FOR REVIEW 24 hrs.	

☐ APPROVED ☒ DISAPPROVED Date: FEB 25, 2008 Time: 10:00

Inspector's Signature — Owner/Authorized Agent's Signature: Sherry Valore, PCM

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