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: 36.06277 W: 79.36470

LICENSE #: 10619
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Ultimate Canine Care
OWNER: Mike Zimmer
ADDRESS: 2554 Boyland Rd Graham NC 27253
TELEPHONE: (336) 228-8718
VMO: Hunter
COUNTY: Alamance

Number of Primary Enclosures 56 Animals Present: Dogs 30 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
☒ 24. Description of Animals
☒ 25. Records/Vet Treatment
☒ 26. Origin/Disposition
☒ 27. Signature (boarding kennel)
☒ 28. Written permission from owner for commingling (doggie daycare)

Transportation
☒ 29. Care in Transit Discussed

Veterinary Care
☒ 30. Isolation Facility
☒ 31. No Signs of Illness/Treated

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 11/10/10 Time: 9:00

Inspector/Owner’s Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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BUSINESS NAME: Ultimate Canine Care
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>1</td>
<td>Need to install covers on electrical outlets.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Need to add a line on the contract to allow commingling.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Getting ready to re-surface the kennel floor in building #1.</td>
<td></td>
</tr>
</tbody>
</table>

Approved: [Signature]  Conditionally Approved: [Signature]  Disapproved: [Signature]
Date: [Date]  Time: [Time]

Inspector's Signature: [Signature]  Owner/Authorized Agent's Signature: [Signature]
White= Office  Canary= Inspector  Pink= Owner

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