ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.50278 W: 77.08627

LICENSE #: 00846
TYPE FACILITY: Animal Shelter (Private/Public) BOARDING KENNEL PET SHOP PUBLIC AUCTION
BUSINESS NAME: CHOCOWINITY PET RESORT & DAY CARE
OWNER: DR. CHRISTINE BARTLETT
ADDRESS: 89 MAPLE COURT, CHOCOWINITY, NC 27817
TELEPHONE: (336) 948-1234
VMO: HUNTER
COUNTY: BEAUFORT

Number of Primary Enclosures 56 Animals Present: Dogs 14 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
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

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

Inspector's Signature

CONDITIONALLY APPROVED

Owner/Authorized Agent's Signature

DISAPPROVED

Date: 1/04/11 Time: 3:30 PM
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 CONTINUATION PAGE

LICENSE #: 10846  
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □  
BUSINESS NAME: Chocowinity Pet Resort & Day 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></td>
<td>Comments from 12/13/09 inspection:</td>
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<tr>
<td></td>
<td>Target areas around the gates in the outdoor exercise yards where the grass has been destroyed have had pavers installed. All gates except the gate on the left right facing the building have had pavers installed when the grass is destroyed.</td>
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<td>Item To Address:</td>
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<td>7)</td>
<td>Outdoor exercise yards - All bare dirt areas - install pavers or 6&quot; gravel. Discussed using protective fencing around these bare dirt areas.</td>
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<td>Remember to use bedding/beds that may be washed and dried.</td>
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<td></td>
<td>Kennels are clean and odor free. Kennels have been repainted since the last inspection. Records are compliant.</td>
<td></td>
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</tbody>
</table>

Fellow-up on item 7) in 45 working days.

[Check box] APPROVED  [ ] CONDITIONALLY APPROVED  [ ] DISAPPROVED  Date: 1/04/11 Time: 3:50 pm

Inspector’s Signature: __________  Owner/Authorized Agent’s Signature: __________

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

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