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: 33.96104 W: 78.40730

LICENSE #: 10496
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☑ Public Auction ☑
BUSINESS NAME: Whiskers Inn
OWNER: Jill T. Faison
ADDRESS: 5470 S Main St., Salisbury, NC 28146
TELEPHONE: (910) 754-5207
VMO: Sholar
COUNTY: Brunswick

Number of Primary Enclosures: 28 Animals Present: Dogs 20 Cats 3

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

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

TRANSPORTATION
28. Care in Transit Discussed

VETERINARY CARE
28. Isolation Facility
29. No Signs of Illness/Treated

APPROVED ☑ DISAPPROVED ☐

Date: 11-7-07 Time: 12:45 PM

Owner/Authorized Agent’s Signature

Inspector’s Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10496
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction
BUSINESS NAME: Whiskers Inn
OWNER: Jim T. Follone
ADDRESS: 1470 S. Main St. Shallotte, NC 28470
TELEPHONE: (910) 754-5257

<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>Follow-up inspection from 10-15-07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inside runs - damaged door moldings have been repaired - looks good.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Un-used outdoor areas now have astro turf - look good.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Everything looks very good!</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Good Job!

APPROVED □ DISAPPROVED

Date: 11-7-07  Time: 62:45 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

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