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: 33.89841 W: 78.56670

LICENSE #: 112
TYPE FACILITY: Animal Shelter (Private/Public)
BUSINESS NAME: Town of Chapel Hill
OWNER: Town of Chapel Hill
ADDRESS: 882 Persimmon Rd, Chapel Hill, NC 28466
TELEPHONE: (919) 543-8747, (919) Persimmon Rd
VMO: N/A
COUNTY: Orange

Number of Primary Enclosures 2 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
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)
29. Care in Transit Discussed
30. Isolation Facility
31. No Signs of Illness/Treated

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

Transportation

29. Care in Transit Discussed

Veterinary Care

30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

OWNER/AUTHORIZED AGENT’S SIGNATURE:

Inspector’s Signature:

Date: 5/27/10 Time: 10:00 AM

AW-2
Rev. 1/07

White = Office
Canary = Inspector
Pink = Owner
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 112
TYPE FACILITY: Animal Shelter (Private/Public) 🆓 Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Town of Calabash
OWNER:
ADDRESS: Cont.
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>Item 2)</td>
<td>Shelter door dog pens need attention - leaking - roof material is sagging - Tac needs to address this before it falls down from deteriation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comments from 12/3/09 inspection - transportation standards concerning transporting cats has been discussed - transport with protection from rain and sun.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Records - Remember to pay attention to details of ownership.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Item 2) should be addressed before next inspection.</td>
<td></td>
</tr>
</tbody>
</table>

Approved CONDITIONALLY APPROVED  DISAPPROVED  Date: 5/27/10  Time: 1:00 pm

Inspector's Signature  Owner/Authorized Agent's Signature

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

PAGE 2 OF 2