ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.62561 W: 82.67552

LICENSE #: 10365
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Country Side Kennels
OWNER: Connie Wise
ADDRESS: 15 Butterfly Dr, Leicester, NC
TELEPHONE: (345) 663-1944
VMO: Hunter
COUNTY: Buncombe

Number of Primary Enclosures: 33 Animals Present: Dogs: 6 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 NA
23. Animals’ Appearance ☒

SPECIAL ITEMS

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: 11/9/07 Time: 11:00 AM

Owner/Authorized Agent’s Signature:

Inspector’s Signature:

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

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BUSINESS NAME: Country Side Kennels 

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># 7</td>
<td>Need to seal concrete on kennel floors. Need to seal wood under cat condos.</td>
<td></td>
</tr>
</tbody>
</table>

All Deficiencies on 6/21/07 Inspection Have Been Corrected.

Facility in general looks great.

APPROVED ☑ DISAPPROVED ☐ 

Date: 11/19/07 Time: 11:00 AM

Mary T. H. Inspector’s Signature

Connie Wigg Owner/Authorized Agent’s Signature

AW-2 Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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