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: 35° 5' 40.0" W: 72° 48' 60.7"

LICENSE #: 10897
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Carolina Pet Rescue
OWNER: Caroline Wilson
ADDRESS: 10 Hempill B D, Asheville NC 28805
TELEPHONE: (828) 228-5118
VMO Hunter
COUNTY Buncombe

Number of Primary Enclosures 100 Animals Present: Dogs 13 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

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
☐ 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: 11/19/07 Time: 9:06a.m.

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10397
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Dogwood 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>#1</td>
<td>Need To repair cracks in concrete flooring.</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>Need to replace or repair railing that is rusted on the outside runs. The chain link on all the inside and outside kennels need repair. (Wire Patrol)</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>Need to repair or replace quilted doors. Some of the doors are wood and show marks were they have been chewed on.</td>
<td></td>
</tr>
<tr>
<td>#23, #25, #26</td>
<td>Need to keep records indicating description on animals at all times. Need to keep original disposal. Need to incorporate a sizer in log.</td>
<td></td>
</tr>
<tr>
<td>#24</td>
<td>Need to make sure on medication sheets, indicate medication given and in tank.</td>
<td></td>
</tr>
</tbody>
</table>

All items have been discussed with Carolie Wellborn and I will be back in 60 days to re-inspect.

☐ APPROVED ☑ DISAPPROVED  Date: 11/19/07  Time: 9:00am

Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

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

PAGE 2 OF 2