ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.70888 W: 81.62897

LICENSE #: 10056
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Animal Inn
OWNER: Sharon King, Janine Cruzak
ADDRESS: 3723 Laurel Heights Dr., Morganton NC 28655
TELEPHONE: (828) 437-5277
VMO Hunter Stanczy
COUNTY: Burke

Number of Primary Enclosures 50 Animals Present: Dogs 4 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
☒ 1. Structure & Repair
☐ 2. Space
☐ 4. 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: 11/28/07 Time: 9:00 AM

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 #: 10046
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Animal Inn
OWNER:
ADDRESS: 3223 Lavat Heights DR
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>The entire facility needs repair on floor, walls, ceiling.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ceiling needs painting, wall in kennels need painting.</td>
<td></td>
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<tr>
<td></td>
<td>Pet doors need repair or replaced.</td>
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<tr>
<td></td>
<td>Left hand side of kennel need attend. on waste disposal</td>
<td></td>
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<tr>
<td></td>
<td>play Areas need to be cleaned of debris and 6&quot; of gravel in areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>with bare dirt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All food that is brought by owners or supplier needs to be in sealed containers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Isolation room needs to be created away from other animals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treatment sheets on all animals need to have name, date, dosage and time of dosage was given (exact)</td>
<td></td>
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<tr>
<td></td>
<td>Cat room - make sure cages are away from wall or use shower board.</td>
<td></td>
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<tr>
<td></td>
<td>I will be back in 30 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gary Stamey 919-830-1712</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED ☒ DISAPPROVED ☐

Date: 11/28/07 Time: 9:00 AM

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

AW-2
Rev. 1/07
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