ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.74461 W: 81.6614

LICENSE #: 81
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Burke Co. Friends for Animals (Humane Society of Burke Co.)
OWNER: Toni Davis
ADDRESS: 417 Kirskey Drive, Morganton NC
TELEPHONE: (828) 433-1115
VMO Hunter
COUNTY Burke

Number of Primary Enclosures 52 Animals Present: Dogs 90 Cats 27

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 X
2. Ventilation & Temp. X
3. Lighting X
4. Ceiling, Wall, Floors X
5. Storage X
6. Water Drainage X

Primary Enclosures
7. Structure & Repair X
8. Space X
10. Adequate Shelter X

SANITATION
11. Waste Disposal X
12. Odor X
13. Ceiling, Wall, Floors X
14. Primary Enclosures X
15. Equipment & Supplies X
16. Washrooms, Sinks, Basins X
17. Insect/Vermin Control X
18. Building & Grounds X

HUSBANDRY
19. Adequate Feed/Water X
20. Food Storage X
21. Personnel X
22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area X
23. Animals’ Appearance X

SPECIAL ITEMS

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

TRANSPORTATION
29. Care in Transit Discussed X

VETERINARY CARE
30. Isolation Facility X
31. No Signs of Illness/ Treated X

APPROVED □ CONDITIONALLY APPROVED X □ DISAPPROVED

Mary Stanley
Inspector’s Signature

Jim Davis
Owner/Authorized Agent’s Signature

Date: 4/10 Time: 8:20 a.m.

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 81
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Burke Co. Friends for Animals (Humane Society of Burke Co.)
OWNER: Toni Davis
ADDRESS: 417 Kirkley Drive, Morganton, NC
TELEPHONE: (828) 433-1115

<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>Snow had caused damage to roof at back of facility. Insurance is covering and should be completed this month.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Outside play yards - cracks in concrete are starting to show up in these areas and need to be sealed as weather permits.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Animal numbers have dropped drastically since last inspection, and upper resp. problems in all areas have also dropped. (Good job)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility was very clean and more organized since last inspection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All animals in outside play yards are now being monitored by Comm. Service people, and there are no more than 3 to 4 in yards at one time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All records were in very good order and were easily obtained.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Much more organized!</td>
<td></td>
</tr>
</tbody>
</table>

X APPROVED     □ CONDITIONALLY APPROVED     □ DISAPPROVED   Date: 11/10   Time: 3:00

Mary String  Owner/Authorized Agent’s Signature

Inspector’s Signature

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

PAGE 2 OF 2