ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.49520  W: 80.43904

LICENSE #: 10705
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: KAMP K-9
OWNER: S. D. ROSS
ADDRESS: 5240 MT. PLEASANT RD ROCKWELL
TELEPHONE: (704) 219-5946
COUNTY: CHARLOTTE

Number of Primary Enclosures Animals Present: Dogs Cats

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
- 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

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)

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

Date: 9/22 Time: 11:16

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10705
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME:
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></td>
<td>NO ONE AVAILABLE FOR INSPECTION</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CALLED NO ANSWER</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED    ☐ CONDITIONALLY APPROVED    ☐ DISAPPROVED  Date: 1/22/18  Time: 11:16

Inspector’s Signature

Owner/Authorized Agent’s Signature

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