ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 24.650 W: 80° 34.845

LICENSE #: 114
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: KITY CITY
OWNER: Patsy Pecker Pres.
ADDRESS: 310 S. UNION ST CONCORD
TELEPHONE: (704) 985-5329
VMO Hunter
COUNTY Cabarrus

Number of Primary Enclosures 49 Animals Present: Dogs 4 Cats 42

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

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)

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

HUSBANDRY

APPROVED ☑ DISAPPROVED ☐

Date: MARCH 4, 2000 Time: 14:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>A grant has been submitted for new enclosures.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There are 10 enclosures that are constructed from laminated melamine finished board. Some of the slings have come off and there is some damage from chewing/sand/scratches. Repair and seal damaged areas of these enclosures. Cages will be replaced by 3/11.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility is clean and there is no evidence of disease in general population.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keep working on decluttering the storage area.</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>Add dose/concentration and initials to treatment record.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**

[Signature]

Inspector’s Signature

Date: 3/11
Time: 14:00

[Signature]

Owner/Authorized Agent’s Signature

White= Office
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