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: 34°7'36.9" W: 26°3'16.0"

LICENSE #: 10742

TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Tri-Isle Veterinary Daycare
OWNER: James Essherd
ADDRESS: 16 N Little Nine Rd, Mars Hill, NC 28754
TELEPHONE: (252) 768-1242 FAX: (252) 240-3617
VMO: Blomquist
COUNTY: Buncombe

Number of Primary Enclosures: 0 Animals Present: Dogs 0 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
☐ 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)

Transportation
☒ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

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

APPROVED ☐ DISAPPROVED ☐

Date: 7/24/07 Time: 9:00 a.m.

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #:
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Trail Diggars Doggy Daycare
OWNER: Ingrid Esthreich
ADDRESS: 1117 Calle Nine Rd Monroe City NC 28357
TELEPHONE: (252) 728-1246

<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>We performed an inspection on today’s date. The housing facility is just about completed. There are a couple issues that need to be fixed up.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1) The room being utilized as isolation room will have a shower board wall installed. Also, the flooring will be completed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2) Repaint molding around the floor, and seal.</td>
<td></td>
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<tr>
<td></td>
<td>The outside area has gravel/soil, and will be utilizing Astro-Turf to help.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Waiting on fence company to install the fence within the next 10 days.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>We discussed the protocol for record-keeping.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I will be returning in 2 weeks to check on progress.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AT this time, the inside of the facilities is approved. Waiting on outside play area to be completed.</td>
<td></td>
</tr>
</tbody>
</table>

X APPROVED □ DISAPPROVED Date: 7/26/07 Time: 9:00am

Inspector's Signature

Owner/Authorized Agent’s Signature

Rev. 1/07
White= Office
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PAGE 2 OF ___