ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34°17'51.6" W: 76°8'45.3"

LICENSE #: 12
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Carteret Co. H.S.
OWNER: Carteret Co. H.S.
ADDRESS: P.O. Box 357 853 Hibbs Rd, Newport, NC 28570
TELEPHONE: (252) 247-7744

VMO ☐ COUNTY Carteret

Number of Primary Enclosures 50 Dog 60 Cat Animals Present: Dogs 64 Cats 140

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

Transportation

☐ 28. Care in Transit Discussed

Veterinary Care

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

☐ APPROVED ☒ DISAPPROVED

Date: 7-9-07 Time: 1:10 p.m.

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

<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>Follow-up Inspection from 5-15-07</td>
<td></td>
</tr>
<tr>
<td>1/3)</td>
<td>There are still issues w/ broken pipe and loose chain link - Run # 44 (Isol. Bid) has a broken bottom flap - do not use until repaired # 5, 14, 18 need attention to chain link.</td>
<td></td>
</tr>
<tr>
<td>20)</td>
<td>Found 1 open bag dry food - Store in closed container.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Found several dead roaches - insect/vermin control seems to be working.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surrounding grounds clean today.</td>
<td></td>
</tr>
</tbody>
</table>

**□ APPROVED □ DISAPPROVED**

**Date:** 7-9-07  **Time:** 1:00 PM

Inspection's Signature: [Signature]  
Owner/Authorized Agent's Signature: [Signature]

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

*Page 2 of 2*