ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34° 7' 31" W: 76° 8' 33"

LICENSE #: 10518
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Paradise Acres Boarding Tails
OWNER: CHRISTINA RICHARDSON
ADDRESS: 355 SAW GARDEN RD, NEWPORT, NC 28570
TELEPHONE: (252) 223 - 3003
VMO
COUNTY
Number of Primary Enclosures 10 Cats
Animals Present: Dogs 17 Cats 2

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

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

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)

TRANSPORTATION

☐ 29. Care in Transit Discussed

VETERINARY CARE

☐ 30. Isolation Facility
☐ 31. No Signs of Illness/Treated

☐ APPROVED ☑ DISAPPROVED

Date: 27 APR 2011 Time: 1300

Inspector’s Signature

Owner/Authorized Agent’s Signature

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**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>Cat/room - Resume walkway, remove wood (litter)</td>
<td>Week</td>
</tr>
<tr>
<td>3</td>
<td>Note - Lighting has 2 Switch issues needs repair</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>○ Outside kennel - Non-contact Area</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Run B/16 Inspect broken gate corner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Run B/lot 4/18 Inspect - Bent gate frames</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Replace tube frames in grooming</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequent von wire panel is broken, food storage</td>
<td>X</td>
</tr>
</tbody>
</table>

**□ APPROVED  □ DISAPPROVED**

Date: 27 April 2011  Time: 1300

Inspector’s Signature: J. [Signature]

Owner/Authorized Agent’s Signature: K. [Signature]

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

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