ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34°33'42" W: 78°72'18"

LICENSE #: 2
TYPE FACILITY: Animal Shelter (Private/Public)
BUSINESS NAME: Columbus County Animal Shelter
OWNER: Columbus Co. Gov
ADDRESS: 288 Logan Dr, Whitville, NC 28472
TELEPHONE: (910) 641-5945

VMO: Shelter
COUNTY: Columbus

Number of Primary Enclosures: 45
Animals Present: Dogs 50, Cats 11

Inspector: Mark "X" in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable

STRUCTURE

1. Structure & Repair
2. Ventilation & Temp.
3. Lighting
4. Ceiling, Wall, Floors
5. Storage
6. Water Drainage

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

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

SPECIAL ITEMS

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

7. Structure & Repair
8. Space
10. Adequate Shelter

TRANSPORTATION

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
24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel)
28. Written permission from owner for commingling (doggie daycare)

VETERINARY CARE

7. Structure & Repair
8. Space
10. Adequate Shelter

APPROVED  CONDITIONALLY APPROVED  DISAPPROVED

Date: 9/14/09 Time: 12:30 PM

Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

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

PAGE 1 OF 2
From the 9/4/09 inspection, lack of personnel to perform the shelter duties was an issue. Today there has been no more personnel added to the staff but during today's inspection all staff members were on hand to assist with euthanasia and regular cleaning. This may still be an issue that management needs to watch closely.

It is noted that dog #6793 was taken to Dr. N. Martin for vet care of dog fight bite wounds. The dog was impounded 12-3-09 at 3:00 p.m. Advised shelter staff to see that vet care is provided when needed.

Cleaning procedure has changed to include using disinfectant in a hand sprayer instead of a flushing method.

Sanitation is much improved.
Animal Welfare Section
NC Department of Agriculture and Consumer Services
1030 Mail Service Center
Raleigh, NC 27699-1030
phone: (919) 715-7111 FAX: (919) 733-6431
e-mail: agr.aws@ncagr.gov URL: www.ncaws.com

Name of business: Columbus County Animal Shelter
City: Whitville
License number (if currently licensed): 2
License type: 44

Prepare animals for euthanasia: Acceptable
Properly record all data: Acceptable
Security, controlled substances: Acceptable

Supervise Prob. CET: N/A
Properly euthanize: Acceptable
Properly dispose of dead: Acceptable

IC only on anesth. or sedated: Acceptable

Use only bottled gas: N/A
Use only comm. mfd chamber: N/A
Only same species in chamber: N/A
In chamber for >= 20 min: N/A

Not used on < 16 weeks: N/A
Not used on pregnant: N/A
Not used on near death: N/A
No live with dead: N/A

Animals separated: N/A
At least 1 viewport: N/A
Chamber in good order: N/A
Airtight seals present: N/A

Light shatterproof: N/A
Chamber sufficiently lit: N/A
Electrical explosion-proof: N/A
If inside, two CO monitors: N/A

Records of monthly inspection: N/A
Records of yearly inspection: N/A
Visual inspection by AWS: N/A

Chamber cleaned b/t uses: N/A
Operational guide & or manual: N/A
>= 2 adults present when used: N/A

Reports of extraordinary euth: N/A

Current copy of AWA in manual: Acceptable
Current AVMA euth. in manual: Acceptable
Current HSUS euth. in manual: Acceptable
Current AHA euth. in manual: Acceptable

List of approved euth. methods: Acceptable
List of CETs & methods: Acceptable
Contact info for DVM in PVC: Acceptable
Contact info for DVM care: Acceptable

List after hour euth. meth. : Acceptable
Euth. methods if no CET present: Acceptable
Policy for verifying death: Acceptable
Contact info for suppliers: Acceptable

DEA certificate: Acceptable
MSDS sheets, chemical or gas: Acceptable
MSDS sheets, tranq. or anesth.: Acceptable
Signs & symptoms, human: Acceptable

First aid information: Acceptable
MD contact information: Acceptable

Signature of inspector: [Signature]
Date: 12/4/10

Page 1 of 2
Signature of management: [Signature]
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 2
TYPE FACILITY: Animal Shelter (Private/Public) ☑  Boarding Kennel ☐  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: Columbus Co. F.S.
OWNER: Cont.
ADDRESS: Cont.
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>Comments: Policy and procedure manual is now complete and approved.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DCA license has now been obtained and shelter staff are now doing all euthanasia by injection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There are no reports of extraordinary euthanasia.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  Date: 1/4/09 Time: 8:30 AM

Inspector’s Signature

Owner/AUTHORIZED AGENT’S Signature

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

PAGE 2 OF 5