ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34° 8' 6"  W: 76° 9' 18"

LICENSE #: 31
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME: NovoLeak Animal Services
OWNER: Town of NovoLeak
ADDRESS: #2 Governmental Dr., NovoLeak, NC 28532
TELEPHONE: (336) 444-2410
VMO: Shelter
COUNTY: Row

Number of Primary Enclosures: 4x9 (46l)
Animals Present: Dogs 3  Cats 7

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
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
19. Adequate Feed/Water
20. Food Storage
21. Personnel
22. Ratio of 1:10 personnel to animals >4 in primary enclosure or common area
23. Animals' Appearance

Transportation
29. Care in Transit Discussed

Veterinary Care
30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED  CONDITIONALLY APPROVED  DISAPPROVED

Inspector's Signature

Owner/Authorized Agent’s Signature

Date: 1/10/09  Time: 1:10 p.m.

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

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

**LICENSE #:** 91  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BOARDING KENNEL □**  
**PET SHOP □**  
**PUBLIC AUCTION □**  
**BUSINESS NAME:** Have local Animal Services  
**OWNER:**  
**ADDRESS:**  
**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>Follow-up from 9/23/09</td>
<td>All items have been addressed from the 9/22/09 inspection.</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Plywood barrier wall is now painted and more easily cleaned.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Kennel #3 - Hinges have been re-set and are now secure.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>The kennel doors were lowered so there is no space at the bottom for an animal to escape or get injured.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>All chain link is in good repair.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>All cat cage now has resting surfaces.</td>
<td></td>
</tr>
</tbody>
</table>

Note that no cockroaches inspection was performed today. The shelter is continuing to use Crown Pesticide for all cats. The shelter is currently working on putting their cat manual together and is going to apply for their DEA license.

**APPROVED**  
**CONDITIONALLY APPROVED □**  
**DISAPPROVED □**  
**Date: 11/1/09**  
**Time: 1:00 pm**  

**Inspector’s Signature:**  
**Owner/Authorized Agent’s Signature:**

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

**PAGE 2 OF 2**