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: 35.08088 W: 78.54361

LICENSE #: 10114
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel X Pet Shop □ Public Auction □
BUSINESS NAME: Animal Fair Boarding Kennel
OWNER: Joseph Gadza
ADDRESS: 3987 Briggs Blvd, Fuquay, NC 27523
TELEPHONE: (919) 867-6411
VMO Shelter
COUNTY Cumberland

Number of Primary Enclosures 13 Feb. Animals Present: Dogs 4 Cats 1

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 X
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 X
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

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

29. Care in Transit Discussed □
30. Isolation Facility □
31. No Signs of Illness/ Treated □

TRANSPORTATION

Veterinary Care

Date: 1/5/09 Time: 1:00 PM

APPROVED □ CONDITIONALLY APPROVED X DISAPPROVED

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

LICENSE #: 10114
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Animal Fair Boarding Kennel
OWNER:
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>Follow-up from 1/1/09</td>
<td>Items Addressed: 1) Inside Run - Owner has replaced 2 of the rusted angle iron pieces in the gate hinges.</td>
<td></td>
</tr>
<tr>
<td>Items to be Addressed: 2) Inside Run - All of the other kennel runs that have rusted angle iron supports for the gate hinges need to be replaced.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Owner was on site today and stated that he was doing the repair work himself and planned to have the rest of the work completed in the next 30 days. Completed work is acceptable.

Re-Inspect in 30 calendar days.

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED

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

Date: 1/5/09 Time: 1:00 PM

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PAGE 2 OF 2