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: 25.87517 W: 80.31088

LICENSE #: 102
TYPE FACILITY: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: ART FOUNDATION
OWNER: JULIE HINES
ADDRESS: 2540 Terry Hill Rd. Lexington

TELEPHONE: (336) 787-5786
VMO HUNTER
COUNTY DAVIDSON

Number of Primary Enclosures 16 Animals Present: Dogs 25 Cats 0

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

RECORD

☒ 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 □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 10/29 Time: 09:53

OWNER/AUTHORIZED AGENT’S SIGNATURE

LEGEND:
□ New □ Annual □ Follow-Up
□ Complaint □ Courtesy □ Random

AW-2
Rev. 1/07
White+ Office

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 102
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: HART FOUNDATION
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>G18 Clean up: Remove debris area — Remove hair and debris daily — Add gravel to this area to improve drainage.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All other inadequacies have been addressed.

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 9/18/09 Time: 09:55

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

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White= Office
Canary= Inspector
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