ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 37' 15.3" W: 86° 05' 36.0"

LICENSE #: 10423
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Poulin Memous Kennels
OWNER: Glenn and Barbara Simpson
ADDRESS: 48 Pamunkey Industrial Drive Denton
TELEPHONE: (334) 857-5530
VMO: HUNTER
COUNTY: DAKOSOAL

Number of Primary Enclosures 30 Animals Present: Dogs 29 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

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)

SPECIAL ITEMS

29. Care in Transit Discussed

TRANSPORTATION

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

VETERINARY CARE

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED ☒

Date: 01/20/26 Time: 10:26

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**LICENSE #:** 104725  
**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel ◆ Pet Shop □ Public Auction □  
**BUSINESS NAME:** Rolling Meadows Kennel  
**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>①</td>
<td>Kennel #1 near outside way at base has rusted and corroded exposing sharp edges and making sanitation difficult - Repairs are started - Complete Repairs</td>
<td></td>
</tr>
<tr>
<td>⑩</td>
<td>Some accessories ie. resting benches and very - kennels have become damaged from dogs chewing and use making sanitation difficult - replace as needed -</td>
<td></td>
</tr>
</tbody>
</table>

All records are in order and there are - No other inadequacies - Good Job!

**APPROVED** □ CONDITIONALLY APPROVED □ DISAPPROVED  

**Date:** 12/04  
**Time:** 10:26

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

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