ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36°0.0053 W: 80°44.646

LICENSE #: 1064

TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction

BUSINESS NAME: Critters Pet Resort

OWNER: Becky Combs

ADDRESS: 1669 Webb Way

TELEPHONE: (334) 940-5773

VMO DAVID

COUNTY DAVID

Number of Primary Enclosures 22 Animals Present: Dogs 0 Cats 2

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
23. Description of Animals
24. Records/Vet Treatment
25. Origin/Disposition

Written permission from owner for commingling (doggie daycare)

HUSBANDRY

19. Adequate Feed/Water
20. Food Storage
21. Personnel

N/A Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area

23. Animals’ Appearance

TRANSPORTATION

N/A Care in Transit Discussed

VETERINARY CARE

28. Isolation Facility
29. No Signs of Illness/Treated

N/A

N/C

APPROVED

DISAPPROVED

Date: Nov 6, 2007 Time: 16:32

Becky J. Combs

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

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

**LICENSE #:**

**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

**BUSINESS NAME:**

**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>Facility opened in Aug. of 2007, owner did not know she needed a license to operate a boarding facility in N.C. performed courtesy inspection and provided owner with a copy of the AWA.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seal baseboards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repaint floors throughout facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove carpet from kennels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store food in sealed containers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need treatment sheet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will reinspect within 30 days

**APPROVED** □ **DISAPPROVED** □

**Date:** Nov 6, 2007 **Time:** 16:32

**Inspector’s Signature:**

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

**Approved by:**

**Line Numbers:**

**White== Office**

**Canary== Inspector**

**Pink== Owner**

**PAGE 2 OF 2**