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: 34° 41' 59.2" W: 77° 27' 78.3"

LICENSE #: 100
TYPE FACILITY: Animal Shelter (Private/Public) ✔ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Town of Boulville
OWNER: Town of Boulville
ADDRESS: P.O. Box 130, 111 West Queen St., Boulville, NC 28518
TELEPHONE: (919) 298-4647
VMO Shelters
COUNTY Duplin

Number of Primary Enclosures □ Animals Present: Dogs □ Cats □

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

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)

Transportation
29. Care in Transit Discussed

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

□ APPROVED
□ CONDITIONALLY APPROVED
□ DISAPPROVED

Date: 8-21-08 Time: 1:00 PM

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 #: 100
TYPE FACILITY: Animal Shelter [Private/ Public] □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: [Town of Bestville]
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>20)</td>
<td>Store open bags of food in a covered container.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No dogs or cats being housed today.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paws are clean.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Records are being kept.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Be sure to remember pick up empty food cans.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  Date: 3-21-08  Time: 1:00 pm

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

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