ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 31' 19" W: 81° 20' 07"

LICENSE #: 57

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

BUSINESS NAME: Gaston Co Animal Shelter

OWNER: Co-Police/Reggie Horton

ADDRESS: 520 Leisure Lane Di

TELEPHONE: (704) 922-9716

VMO Swaim

COUNTY Gaston

Number of Primary Enclosures 15 Animals Present: Dogs 138 Cats 52

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 O
2. Ventilation & Temp. □
3. Lighting □
4. Ceiling, Wall, Floors □
5. Storage □
6. Water Drainage X

Primary Enclosures
7. Structure & Repair □
8. Space □
10. Adequate Shelter X

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

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 □
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

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 □

TRANSPORTATION

28. Care in Transit Discussed □

VETERINARY CARE

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

APPROVED □ DISAPPROVED □

Date: Sep 5, 2007
Time: 19:25

Inspector’s Signature: Swain

Owner/Authorized Agent’s Signature: [Signature]

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: __________
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Gaston Co Animal Shelter
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>Item 1-17</td>
<td>Concrete flooring cracked, damaged &amp; unsealed - repair or replace, seal making impervious</td>
<td></td>
</tr>
<tr>
<td>Item 22</td>
<td>Stray dog kennels are overcrowded due to lack of available kennel space -</td>
<td></td>
</tr>
<tr>
<td>Item 89</td>
<td>A terrier mix, black, in stray kennel was observed coughing - this was addressed before inspection was completed</td>
<td></td>
</tr>
</tbody>
</table>

GASKET ON CO UNIT IS SHOWING WEAR - REPLACE -

APPROVED ☐ DISAPPROVED ☑
Date: Sept 5, 2007 Time: 14:25

Inspector's Signature: ___________________________ Owner/Authorized Agent’s Signature: ___________________________

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

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