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: 35.27537  W: 81.15658

LICENSE #: 16417
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME: The Animal Keepers
OWNER: Bernard and Paulette Price
ADDRESS: 1702 E. Oakland Ave. Gastonia
TELEPHONE: (704) 865-0833

CITY  Gastonia
COUNTY  Gaston

Number of Primary Enclosures 48  Animals Present: Dogs 12  Cats 1

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: 4/17/2006  Time: 13:00

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 #: 10417
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: THE ANIMAL KEEPERs
OWNER: 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>1</td>
<td>Wooden door into kennel from Lobby area is damaged from water and pos. chewing. Water is leaking into lobby from under door. Replace damaged door and rotten door frame. Back door leading outside is rusted and chipped at bottom. Replace back door.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Standing water in center isle of kennel. Improve drainage - and/or mold or sweat in center isle after cleaning kennels.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Kennel area paint is peeling and chipping. Re-seal and or paint kennels. Kennel area making imperious to moisture.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Kennel # 19 outside gate is rusted exposing sharp edges and making sanitation difficult. Replace gate - do not use until complete. Kennel # 14 hole in gate - repair before continued use.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Black cocker bilateral ocular discharge - Rx: Price has medication - clean eyes &amp; apply. Rx: From Vet. (Now other inadequacies by Jan 10 09)</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 1/31/09 Time: 1:30

Inspector's Signature

Owner/Authorized Agent's Signature

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PAGE 2 OF 2