ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 47' 22" W: 77° 60' 78"

LICENSE #: 40
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Greene Co. Animal Shelter
OWNER: Greene Co. Government
ADDRESS: 1985 Hun 90th N, Snow Hill NC 28580
TELEPHONE: (252) 747-8185
VMO □
COUNTY □

Number of Primary Enclosures □ 21□0□
Animals Present: Dogs □ 33 □ Cats □ 16

Inspector: Mark “X” in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

<table>
<thead>
<tr>
<th>Housing Facilities</th>
<th>SANITATION</th>
<th>SPECIAL ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 Structure &amp; Repair</td>
<td>□ 11. Waste Disposal</td>
<td>□ 24. Description of Animals</td>
</tr>
<tr>
<td>□ 4 Ceiling, Wall, Floors</td>
<td>□ 14. Primary Enclosures</td>
<td>□ 27. Signature (boarding kennel)</td>
</tr>
<tr>
<td>□ 5 Storage</td>
<td>□ 15. Equipment &amp; Supplies</td>
<td>□ 28. Written permission from owner for commingling (doggie daycare)</td>
</tr>
<tr>
<td>□ 6 Water Drainage</td>
<td>□ 16. Washrooms, Sinks, Basins</td>
<td></td>
</tr>
</tbody>
</table>

Primary Enclosures

□ 7 Structure & Repair
□ 8 Space
□ 9 Ventilation & Temp.
□ 10 Adequate Shelter

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

□ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 20□6□ Time: 9:45a

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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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 40
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Greene Co. Animal Shelter
OWNER: Greene Co. Government
ADDRESS: 1985 Hwy 703 N Snow Hill NC
TELEPHONE: (252) 747-8189

<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>The cracks in the kennel floors and walls still need sealing.</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>The kennel cage bars still need repair.</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>The cages holding the feral cats in the back still need some type of barrier to keep cats from nose to nose contact. This would allow the cats not to escape which has occurred.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The rodent problem is being addressed and has improved. However, the flies are still overwhelming.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is no drain on the right outside kennels. The water backs up into the outside kennels. This is a sanitation issue as for cross-contamination.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Need to work on regulating the temperature in the kennel area.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The door between the kennel hallway still needs to be replaced.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I will be back within 30 days to perform a re-check.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ✗ DISAPPROVED  Date: 2/27/18  Time: 1000

Inspector’s Signature  Owner/Authorized Agent’s Signature

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

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