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° 55' 48"  W: 79° 49' 00"

LICENSE #: 49

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

BUSINESS NAME: Project Racing Home

OWNER:
ADDRESS:
TELEPHONE: (334) 671-5574
VMO
COUNTY

Number of Primary Enclosures 54 Animals Present: Dogs 40 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

Date: Feb 24, 2011 Time: 10:30

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 #: 89
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction  
BUSINESS NAME: Project Racing Home
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></td>
<td>All records are complete and up to date. Great job!</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED  CONDITIONALLY APPROVED  DISAPPROVED  Date: 12/4/20  Time: 10:30

Shelley Swan
Inspector's Signature

Owner Authorized Agent's Signature

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

PAGE 2 OF 2