ANIMAL WELFARE INSPECTION

Type of Inspection
New □ Annual □ Follow-Up □
(Prev. Inspection Date)
Complaint □ Courtesy □ Random □

GPS Coordinates - N: 36.03100  W: 79.54422

LICENSE #: 13
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Guilford Co Animal Shelter
OWNER:
ADDRESS: 4525 W Wendover Ave
COUNTY: Guilford

Number of Primary Enclosures 500  Animals Present: Dogs 500  Cats 425

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
☑ 1. 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/Vermif 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 □ Disapproved

Date: April 15, 2016  Time: 11:40

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above)</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inadequacies Corrected from Last Inspection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Final Cat Room -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ventilation added - Able to measure ambient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>temp</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- New cat - Thermometer in place Able to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>measure ambient temp</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Final Dog Line has been repainted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- C Wall Walls have been repainted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- C Line and A Line have been repainted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cat A - Shutters have been repatched</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Air Circulation 1 &amp; 2 Are back panels have</td>
<td></td>
</tr>
<tr>
<td></td>
<td>been replaced</td>
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<tr>
<td></td>
<td>Flooring has been repaired</td>
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</tr>
<tr>
<td></td>
<td>- Metal Doors have been repaired and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>repainted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inadequacies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6) Damaged chicken wire in Kennel 90, 104,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>105 and 109 &quot;C Wall&quot;</td>
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<tr>
<td></td>
<td>Repair flooring and replace missing files</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ DISAPPROVED  Date: April 15, 2019  Time: 11:00

Shelley Swain  Owner/Authorized Agent's Signature

Inspector's Signature  Canary Inspector  Pink = Owner