ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 38' 43.8" W: 78° 54' 40.1"

LICENSE #: 97
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Town of Knightdale
OWNER: Town of Knightdale
ADDRESS: 500 N. Market St. Knightdale NC
TELEPHONE: (919) 279-8367
VMO: N/A
COUNTY: Knightdale

Number of Primary Enclosures: 3 Animals Present: Dogs 0 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: 7/6/16
Owner/Authorized Agent’s Signature

Inspector’s Signature

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AW-2 Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: ☐

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

BUSINESS NAME:  <Blank>

OWNER:  <Blank>

ADDRESS:  <Blank>

TELEPHONE:  <Blank>

<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>#18: Need to cut grass behind the kennel.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  Date:  __________  Time:  __________

Inspector's Signature:  <Blank>

Owner/Authorized Agent's Signature:  <Blank>

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

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