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: 35.55288 W: 79.13923

LICENSE #: 20
TYPE FACILITY: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Carolina Animal Rescue & Adoption
OWNER: Privately
ADDRESS: 42 Deer River Rd. Sanford NC
TELEPHONE: (919) 774-9433
VMO Hunter
COUNTY Lee

Number of Primary Enclosures 300 Animals Present: Dogs 14 Cats 110

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

Date: 11-9-10 Time: 11:45am - 1:05pm

Approved

Disapproved

Inspection’s Signature

Owner/Authorized Agent’s Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 20
TYPE FACILITY: Animal Shelter (Private/Public) ✔ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Carolina Animal Rescue & Adoption
OWNER: (CONT)
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>Last Inspection 2-23-10</td>
<td>* No Inadequacies</td>
<td></td>
</tr>
<tr>
<td>Today's Inspection</td>
<td>#4: Reseal along baseboards. Temperature is 103° F at time of inspection.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED □ DISAPPROVED Date: 11-9-10 Time: 11:45am - 1:05pm

Inspector's Signature: [Signature]  Owner/Authorized Agent's Signature: [Signature]

AW-2
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