ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.50274 W: 79.20394

LICENSE #: 42
TYPE FACILITY: Animal Shelter (Private) 
BUSINESS NAME: Lee County Animal Shelter
OWNER: Lee County
ADDRESS: 1450 N. Horner Blvd. Sanford NC
TELEPHONE: (919) 776-7416
VMO: Hunter
COUNTY: Lee

Number of Primary Enclosures 24 Animals Present: Dogs 31 Cats 10

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: 1:20 pm

APPROVED

Inspector’s Signature

CONDITIONALLY APPROVED

Owner/Authorized Agent’s Signature

DISAPPROVED

AW-2 Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 42

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

BUSINESS NAME: Lee County Animal Shelter

OWNER: ____________________________________________________________________________

ADDRESS: __________________________________________________________________________

TELEPHONE: __________________________________________________________________________

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<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>Last Inspection 3-5-10:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Euthanasia inspection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Seal cracks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Replaced chewed resting surfaces.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today’s Inspections:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ No inadequacies</td>
<td></td>
</tr>
</tbody>
</table>

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APPROVED ☒ DISAPPROVED ☐

Date: 11-9-10  Time: 1:20pm -2:30pm

Inspector’s Signature: _________________________________________________________________________________

Owner/Authorized Agent’s Signature: ____________________________________________________________________________

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White= Office  Canary= Inspector  Pink= Owner

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