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: 35.65456 W: 81.95419

LICENSE #: 88
TYPE FACILITY: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: McPowl Co Animal Shelter
OWNER: McPowl Co
ADDRESS: East Court St Marion NC
TELEPHONE: (919) 652-6643
VMO x Hunter
COUNTY McPowl

Number of Primary Enclosures 2 Animals Present: Dogs 12 Cats 8

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

SPECIAL ITEMS

HUSBANDRY

19. Adequate Feed/Water
20. Food Storage Personnel
21. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
22. Animals' Appearance

RECORDS

23. Description of Animals
24. Records/Vet Treatment
25. Origin/Disposition
26. Signature (boarding kennel)
27. Written permission from owner for commingling (doggie daycare)

TRANSPORTATION

28. Care in Transit Discussed

VETERINARY CARE

29. Isolation Facility
30. No Signs of Illness/Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 7/13/04 Time: 1:55

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) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#2. Wall between primary enclosures need to be resealed; waste water is entering other enclosures and resealed.</td>
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<td>#10. More work needed on insect control (several roaches were observed during inspection).</td>
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<td>#20. All food needs to be stored in sealed containers.</td>
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<td>#21. Personnel has improved with having Comm. Service people at the facility cleaning, feeding, watering, etc.</td>
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<tr>
<td></td>
<td># of employees or combination of employees + Comm. Service needs to be at least 2 at all times.</td>
<td></td>
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</tbody>
</table>

**APPROVED**

[Signature]

**Date:** 7/3/10 **Time:** 1:55

Inspector’s Signature

**CONDITIONALLY APPROVED**

**DISAPPROVED**

[Signature]

**Date:** 7/3/10 **Time:** 1:55

Owner/Authorized Agent’s Signature