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: 35.20002  W: 80.87379

LICENSE #: 10617
TYPE FACILITY: Animal Shelter (Private/Public)  □  Boarding Kennel □  Pet Shop □  Public Auction □
BUSINESS NAME: CAROLINA DOGGIE PLAYGROUND
OWNER: CRAIG AND CHRISTY MORTON
ADDRESS: 3111 S. TRYON ST  CHARLOTTE
TELEPHONE: (704) 529-7757
VMO  Swain
COUNTY  Meck

Number of Primary Enclosures □ 27  Animals Present: Dogs 42  Cats 0

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

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)

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

Transportation
28. Care in Transit Discussed

Veterinary Care
28. Isolation Facility
29. No Signs of Illness/
    Treated

Approved □  Disapproved □

Date: Nov 5, 2007  Time: 11:50

Inspector’s Signature

Owner/Authorized Agent’s Signature

Page 1 of 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10617
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Carolina Doxie Playground
OWNER:
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>0</td>
<td>DAMAGED DOOR FRAME - paint - repair</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ DISAPPROVED

Date: Nov 5, 2007 Time: 11:50

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

Approved by: Sherry [Last Name]

White= Office

Canary= Inspector

Pink= Owner

PAGE 2 OF 2