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: 35.49849  W: 80.85257

LICENSE #: New
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel □  Pet Shop □  Public Auction □
BUSINESS NAME: City of Durham Animal Shelter
OWNER: City of Durham PD
ADDRESS: 1140 Old Walmart 28036
TELEPHONE: (919) 892-5131
VMO
COUNTY

Number of Primary Enclosures 4  Animals Present: Dogs 0  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
24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel)
28. 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

29. Care in Transit Discussed
30. Isolation Facility
31. No Signs of Illness/Treated

APPROVED □  CONDITIONALLY APPROVED □  DISAPPROVED □

Date: 6/9/09  Time: 09:00

Inspector’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 #: ________
TYPE FACILITY: Animal Shelter (Private/Public)  x  Boarding Kennel  □  Pet Shop  □  Public Auction  □
BUSINESS NAME: City of Davidson Animal Shelter
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></td>
<td>☒ No Inadequacies at this time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ OK to License</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  Date: 9/9/09  Time: 0:900

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

AW-2
Rev. 1/07
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