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: 33° 23.799' W: 81° 81.756'

LICENSE #: 

TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME:  

OWNER:  

ADDRESS:  

TELEPHONE: (704) 374-0801

VMO □ COUNTY □

Number of Primary Enclosures 120  Animals Present: Dogs 75  Cats 6

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

Transportation
□ 28. Care in Transit Discussed

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

□ APPROVED □ DISAPPROVED  Date: 1/26/2007  Time: 16:02

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>1</td>
<td>Add spread to common area</td>
<td>3-1-09</td>
</tr>
<tr>
<td>2</td>
<td>Areas throughout facility need to be sealed and kept dry until maintenance is made</td>
<td>3-1-09</td>
</tr>
<tr>
<td>3</td>
<td>Store area cluttered, garbage and coal organize</td>
<td>3-1-09</td>
</tr>
<tr>
<td>4</td>
<td>Repair or replace plastic gates as they become damaged and maintain</td>
<td>3-1-09</td>
</tr>
<tr>
<td>5</td>
<td>Large amounts of hair build up around fencings, play pens or enclosures on some walks, at the end of walks, remove hair and debris daily</td>
<td>2-5-09</td>
</tr>
<tr>
<td>6</td>
<td>Review program of veterinary care and schedule vaccinations for animals</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Feeds out of 90 days on property at time of inspection could not verify vaccination records and testing done on property</td>
<td>2-2-09</td>
</tr>
<tr>
<td>8</td>
<td>Green area &gt;30 dogs and 2 employees; 1 professional, 15 dogs and 1 employee</td>
<td>2-2-09</td>
</tr>
</tbody>
</table>

- APPROVED
- CONDITIONALLY APPROVED
- DISAPPROVED

Date: 2-2-09 Time: 16:02

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

AW-2
Rev. 1/07
White = Office
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