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° 12.22' W: 80° 51.748'

LICENSE #: 10852
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: K. J. Flyland
OWNER: 2301 South Blvd
ADDRESS: 2301 South Blvd
TELEPHONE: (704) 525-9778
VMO McKinney
COUNTY Meck

Number of Primary Enclosures 12 Animals Present: Dogs 7 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

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

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

HUSBANDRY

29. Care in Transit Discussed

Transportation

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

Veterinary Care

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Approved □ Conditionally Approved □ Disapproved

Date: 11/26/07 Time: 11:00

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>0</td>
<td>Cure wood or replace with material impervious to moisture</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED

Inspector’s Signature

Disapproved

Date: 12/01 Time: 1:00

Owner/Authorized Agent’s Signature

Approved

White= Office

Canary = Inspector

Pink = Owner