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°16'26" W: 80° 87'56"

LICENSE #: 10545
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Pescart # 408
OWNER:
ADDRESS: 5401 South Blvd. Suite # 14- Charlotte NC
TELEPHONE: (704) 593-0132
VMO: Hunter
COUNTY: Mecklenburg
Number of Primary Enclosures: 8
Animals Present: Dogs □ Cats □

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

RECORDS

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

TRANSPORTATION

☐ 29. Care in Transit Discussed

VETERINARY CARE

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 7-2-10 Time: 1:35 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-3
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 108715
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Alsmart #408
OWNER: □ CONT □
ADDRESS: □ CONT □
TELEPHONE: □ CONT □

<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>Last Inspection - He 07: No Inadequacies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Next Inspection - Errors Previous - Operation Care</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED □ DISAPPROVED Date: 9-2-10 Time: 1:35pm

Owner/Authorized Agent’s Signature

Inspector’s Signature

AW-2
Rev. 1/07  White= Office  Canary= Inspector  Pink= Owner

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