ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.19770 W: 80.79553

LICENSE #: 10760
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Hoyle Pets
OWNER: Chuck & Chris
ADDRESS: 3901 Miriam Dr Charlotte
TELEPHONE: (704) 333-6009
VMO Hunter
COUNTY: Meck

Number of Primary Enclosures: Animals Present: Dogs: 3 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

SPECIAL ITEMS

Records
123. Description of Animals
24. Records/Vet Treatment
25. Origin/Disposition
26. Signature (boarding kennel)
N/A. 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

Approved Date: Dec 12, 2008 Time: 13:57

Inspector’s Signature Owner/Authorized Agent’s Signature

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

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<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>2</td>
<td>Must be able to measure ambient temp in inside Kennel area</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Build up of fallen leaves in outside Kennel area</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Remove and maintain outside Kennel area</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Make sure records at this facility are complete and available for inspection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete owner information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete description of animals done at inspection</td>
<td></td>
</tr>
</tbody>
</table>

**Approved**

Signed: [Signature]

Date: [Date]
Time: [Time]

Inspector: [Name]

Office: White

Canary: Inspector

Owner/Authorized Agent: [Signature]

Office: Pink

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