ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.332517 W: 79.941511

LICENSE #: 1120
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Montgomery Animal Control
OWNER: Montgomery Co. Gov.
ADDRESS: 1412 Landrum Rd. Mt. Gilead, NC
TELEPHONE: (910) 322-3007
VMO
COUNTY: Montgomery

Number of Primary Enclosures 13 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

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

Transportation
29. Care in Transit Discussed

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

□ APPROVED  ☒ DISAPPROVED

Inspector’s Signature: T. Bowers
Owner/Authorized Agent’s Signature: X. Lea Pitt

Date: 5-26-11 Time: 9:30am - 11:15am

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

PAGE 1 OF 3
This is a follow-up inspection for the 4-26-11 disapproved inspection. Multiple inadequacies were noted at that time in the following areas:

* Ventilation: Temp unable to be regulated
* Poor lighting
* Unsanitary equipment, traps, cages
* Primary employees were in deplorable conditions
* Need to be (un)qualified terminated
* Facility in need of a wash area with hot running water for the purpose of washing & maintaining sanitation equipment.
* Building needed to be pressure washed & painted & as well as grass/weeds removed & grounds kept clean of debris & junk.

Today's Inspection:
* Grass has been mowed & weeds killed
* More is needed
* Hot water has been installed.

Repairs are on the next page that still need to be done.

Re-inspect in 30 days.

☐ APPROVED ☑ DISAPPROVED

Date: 5-26-11 Time: 9:30am-11:15am

Inspector's Signature: [Signature]

Owner/Authorized Agent's Signature: [Signature]

AW-2
Rev. 1/07
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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 CONTINUATION PAGE

LICENSE #: 1160
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Montgomery Co. Shelter
OWNER: _______________________
ADDRESS: _______________________
TELEPHONE: _______________________

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Add another light fixture to front kennel over hang area (left side).</td>
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<tr>
<td>2. Finish painting &amp; repairing all kennel doors.</td>
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<tr>
<td>3. Epoxy or paint all walkways &amp; kennel floors twice.</td>
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<tr>
<td>4. Wash all dishes daily with hot soap, water &amp; sanitizer &amp; store in a clean dry area.</td>
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<tr>
<td>5. Keep all traps &amp; accessories clean &amp; sanitized after every use.</td>
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<tr>
<td>6. Repair broken vent screens in front kennels &amp; do not use the kennel that is broken.</td>
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<tr>
<td>7. Place # tags on all cages.</td>
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<tr>
<td>8. Add a concrete drain to the front kennel area.</td>
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</tr>
<tr>
<td>9. Euthanasia building has been bought needs to be set up on property with electricity &amp; temperature controlled (50-80°F).</td>
<td></td>
</tr>
</tbody>
</table>

- APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 5-26-11 Time: 11:15am

Inspector’s Signature: _______________________
Owner/Authorized Agent’s Signature: _______________________

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