NCD&A&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° 33' 25.7" W: 79° 9' 61.5'11"

LICENSE #: 1116
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Montgomery Animal Control
OWNER: Montgomery Co. Gov.
ADDRESS: 4952 Landfill Rd. Mt. Gilead NC
TELEPHONE: (910) 972 - 3067
VMO Hunter
COUNTY Montgomery

Number of Primary Enclosures 13 Animals Present: Dogs 16 Cats 5

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

Date: 6-28-11 Time: 10:00am

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
PAGE 1 OF 2
LICENSE #: J110

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

BUSINESS NAME: Montgomery Co. Animal Control

OWNER: [Address]

TELEPHONE: [Number]

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And</th>
<th>Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous inspection on 5-21-11 was disapproved for the following inadequacies: more light needed, kennel doors needed repainting &amp; repaired; all walkways, kennel floors, walls need repainting; better sanitation of all equipment; repair broken vents in kennels; # tags or ID system on all kennels; add drain to front kennel; set up euthanasia building.</td>
<td></td>
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<tr>
<td></td>
<td>Today's Inspection:</td>
<td></td>
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<tr>
<td>#1: Structure &amp; repair: Repair broken vent in kennel that is currently not in use.</td>
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<td>#5: Add storage cabinet to washroom to utilize for all clean equipment (bowls, etc.)</td>
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<tr>
<td>#13: Ceiling, walls, floors: Continue to finish painting inside of back kennels to include all areas that are rusted or chipping.</td>
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</tr>
<tr>
<td>Facility has added more lighting; repainted/repurposed all kennel doors; walkways are sealed; sanitation of equipment is better today; # tags / ID system has been added to kennels; French drain has been added to front of kennel; euthanasia building has been set up with electricity &amp; will be ready to use once table is in &amp; locks on door.</td>
<td></td>
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</tr>
</tbody>
</table>

Return in 7 business days.

☐ APPROVED  ☑ DISAPPROVED

Date: 6-28-11  Time: 10:00am

Owner/Authorized Agent's Signature

Inspector’s Signature

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