ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.917750 W: 77.04998

LICENSE #: Z6
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Nash Co. Animal Shelter
OWNER: Nash Co. Government
ADDRESS: 921 N. First St Nashville NC 27756
TELEPHONE: (931) 459-9755
VMO Hunter
COUNTY Nash

Number of Primary Enclosures Dog 16 Cat 10
Animals Present: Dogs 14 Cats 16

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
□ 24. Description of Animals
□ 25. Records/Vet Treatment
□ 26. Origin/Disposition
□ 27. Signature (boarding kennel)
□ 28. 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

□ 29. Care in Transit Discussed

VETERINARY CARE

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 9/11/19 Time: 2:04p

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

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

LICENSE #: 26
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Nash Co Animal Shelter
OWNER: Nash Co Government
ADDRESS: 921 N First St Nashville NC 77856
TELEPHONE: (252) 959-9855

<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>#7</td>
<td>Need to replace chewed up dividers between the cages.</td>
<td></td>
</tr>
<tr>
<td>#7</td>
<td>Need to repair chain link on kennel gates.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This needs to be completed as soon as possible.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 7/20/09 Time: 2:20p

Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

White= Office  Canary= Inspector  Pink= Owner

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