ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.26455 W: 77.92064

LICENSE #: 5
TYPE FACILITY: Animal Shelter (Private/Public) ✔ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Humane Society
OWNER: Humane Society
ADDRESS: 2405 N. 23rd St. P.O. Box 2894, Wilmington, NC 28404
TELEPHONE: (910) 763-6692
VMO: Humane Society
COUNTY: New Hanover

Number of Primary Enclosures: 26
Animals Present: Dogs 9 Cats 6

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

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 commingling (doggie daycare)

Transportation
29. Care in Transit Discussed

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

APPROVED ✔ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

Date: 11/21/11 Time: 1:00 pm

Owner/Authorized Agent’s Signature

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

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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 #: 5
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: New Hanover Humane Society
OWNER: 
ADDRESS: Cont
TELEPHONE: 

<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>Follow-up from 11/03/10</td>
<td>Items Addressed.</td>
<td></td>
</tr>
<tr>
<td>1 - Cat Room - water marks on the ceiling indicated a leak. Shelter had the damaged roof repaired and the ceiling repainted. Comments: All areas of the shelter are clean and odor free. There are no signs of untreated illness or injury noted. Continue to work to maintain good grass in the exercise yards.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED □ DISAPPROVED
Date: 3/17/11 Time: 1:00 pm

Inspector’s Signature
Owner/Authorized Agent’s Signature

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