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

GPS Coordinates - N: 35°09'47.5" W: 79°06'42.9"

LICENSE #: 10328

TYPE FACILITY: Animal Shelter (Private/Public) ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Green Valley Farms

OWNER:
ADDRESS: 6416 Alexander Dr. Chapel Hill NC
TELEPHONE: (919) 9048-302-6672
VMO Block Orange
COUNTY Orange

Number of Primary Enclosures 60 Animals Present: Dogs 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
☒ 23. Description of Animals
☒ 24. Records/Vet Treatment
☒ 25. Origin-Disposition
☒ 26. Signature (boarding kennel)
☒ 27. Written permission from owner for commingling (doggie daycare)

Transportation
☒ 28. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☒ 29. No Signs of Illness/Treated

☐ APPROVED ☒ DISAPPROVED

Date: 7/24/07 Time: 3:40 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2 Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10323
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Green Valley Farms
OWNER:
ADDRESS: 6416 Alexander Ave, Chapel Hill, NC
TELEPHONE: (919) 967-9048

<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>1)</td>
<td>The outside of the building has mold growing on the building. The wees need cutting.</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>The ventilation is poor as is the lighting. The ceiling needs cleaning.</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>Need to have more food storage. The water drainage needs to be repaired. There is hardly any drainage.</td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>Need to control odors and work on vermin and insect control. I observed a PF pet droppings.</td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td>The building and grounds need repair. Needs to be 6′ of gravel. Not just gravel in play area. The wood in the play area needs to be covered.</td>
<td></td>
</tr>
</tbody>
</table>

This facility needs major work and repair to come with-in compliance. When I arrived there were no employees present except a man working in the office area making repairs.

I will return in 30 days to see if any progress is being made.

The owner needs to contact me ASAP.

This facility will continue to be disapproved until it is brought up to compliance.

☐ APPROVED ☐ DISAPPROVED Date: 7/6/07 Time: 4:00pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 2 OF 2