ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.94.884 W: 79.07.601

LICENSE #: 20
TYPE FACILITY: Animal Shelter (Private/Public)
Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Orange County Animal Shelter
OWNER: Orange County Government
ADDRESS: 11411 Eubanks Rd, Chapel Hill NC 27516
TELEPHONE: (919) 942-7387
VMO: Flunker
COUNTY: Orange

Number of Primary Enclosures 87 - Dogs Animals Present: Dogs 44 Cats 45

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
32. Date: 3-3-10 Time: 1:35pm

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

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

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BUSINESS NAME: Orange County Animal Shelter
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ADDRESS:
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>#20</td>
<td>Food bags need to be elevated off of the floor.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gorgeous facility! Records in order, no odor. Very clean.</td>
<td></td>
</tr>
</tbody>
</table>

□ APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 3-3-16
Time: 1:35

Inspector’s Signature

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