ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.33128 W: 77.75345

ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

LICENSE #: IC869
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Scottie Hill Pet Resort
OWNER: David & Jacqueline Parker
ADDRESS: 12301 US Hwy 17 N, Willow, NC 28411
TELEPHONE: (919) 678-1962
VMO
COUNTY: Chatham

Number of Primary Enclosures 4
Animals Present: Dogs 25 Cats 0

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 Conditionally Approved Disapproved

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date/Time:

AW-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

<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>Comments:</td>
<td>Owner has built a very sturdy shelter over the back section of outdoor exercise run. It covers approximately 4/5 of the run.</td>
<td></td>
</tr>
<tr>
<td>Items Addressed Since 5/25/10:</td>
<td>1. A Commissioning Form must be created and is being used.</td>
<td></td>
</tr>
<tr>
<td>2. Vet Treatments - All medications are now being labeled and the initials of the person administering the medication are also signed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Rabies Vaccinations - Proof of rabies status is available today.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Items To Address:</td>
<td>7) Wood posts inside exercise pen must be covered in a material that is impervious to moisture.</td>
<td></td>
</tr>
<tr>
<td>25) Vet Treatments - Kennel must obtain the name of all medications that owners have to be administered to their animal.</td>
<td></td>
<td></td>
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<tr>
<td>Owner plans to install a shelter over the small dog exercise run.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kennels are clean and odor free.</td>
<td>Re-Inspected in 60 calendar days.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED  CONDITIONALLY-APPROVED  DISAPPROVED

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

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

Date: 3/10  Time: 3:45 pm