ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 47' 38" W: 77° 41' 45.17"

LICENSE #: 131
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Town of Ayden Holding Facility
OWNER: Town of Ayden
ADDRESS: 4144 West Ave Ayden NC 28516
TELEPHONE: (252) 746-7914
VMO: Ayden
COUNTY: Pitt

Number of Primary Enclosures 4 Animals Present: Dogs 0 Cats 1

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/Vermmin 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 □ DISAPPROVED □

Date: 9/1/10 Time: 10:50 AM

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

LICENSE #: 
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Town of Ayden
OWNER:
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></td>
<td>This is a new outdoor facility. On 7/2/19, I found some inadecuacies that need addressing. Those inadecuacies have been corrected. Once the required paperwork is recieved the shelter can be licensed.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 7/4/19 Time: 10:50 a.m.

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

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