ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34°42'11.9" W: 79°28'48.2"

LICENSE #: 94
TYPE FACILITY: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Friends for Life, Hope's Humane Society Board of Directors
OWNER: Hope's Humane Society Board of Directors
ADDRESS: 3180 F 4th St, Lumberton, NC 28358
TELEPHONE: 910/738-8282
VMO Hunter
COUNTY Robeson

Number of Primary Enclosures 100 Animals Present: Dogs 29 Cats 12

Inspector: Mark "X" in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable

STRUCTURE

Housing Facilities
□ 11. Structure & Repair
□ 13. Lighting
□ 14. Ceiling, Wall, Floors
□ 15. Storage
□ 16. Water Drainage

Primary Enclosures
□ 17. Structure & Repair
□ 18. Space
□ 20. Adequate Shelter

SANITATION

□ 21. Waste Disposal
□ 22. Odor
□ 23. Ceiling, Wall, Floors
□ 24. Primary Enclosures
□ 25. Equipment & Supplies
□ 26. Washrooms, Sinks, Basins
□ 27. Insect/Vermin Control
□ 28. Building & Grounds

HUSBANDRY

□ 29. Adequate Feed/Water
□ 30. Food Storage
□ 31. Personnel
□ 32. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
□ 33. Animals' Appearance

SPECIAL ITEMS

Records
□ 34. Description of Animals
□ 35. Records/Vet Treatment
□ 36. Origin/Disposition
□ 37. Signature (boarding kennel)
□ 38. Written permission from owner for commingling (doggie daycare)

Transportation
□ 39. Care in Transit Discussed

Veterinary Care
□ 40. Isolation Facility
□ 41. No Signs of Illness/Treated

Date: 8-13-14 Time: 11:30am

Owner/Authorized Agent’s Signature

Inspector’s Signature

APPROVED DISAPPROVED

AW-2
Rev. 1/07

White= Office

Canary= Inspector

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 94**
**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
**BUSINESS NAME:** Friends For Life; Robeson Humane

**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>1</td>
<td>Housing facility #1: Structure &amp; repair deemed not acceptable due to damaged roof - replace or fix roof ASAP.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Primary Enclosures #13: Surfaces imperious to moisture deemed not acceptable due to chipping. Epoxy ressealed or continue to add FRP board.</td>
<td></td>
</tr>
</tbody>
</table>

*This is the 3rd consecutive inspection that these two items have been deemed not acceptable. If not complete by next inspection (6 months) it will warrant an automatic disapproval.*

Facility is clean & odor free with no apparent signs of untreated disease or injury. Ambient temperature is within range & all records are in order. Facility approved today.

**APPROVED** □ **DISAPPROVED**

Date: 8-12-14 Time: 11:30 am

Inspector's Signature: Kayla Smith
Owner/Authorized Agent's Signature:

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

PAGE 2 OF 2