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: 34°54.47 W: 79°29.40

LICENSE #: 119
TYPE FACILITY: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Town of Rowland
OWNER: Town of Rowland
ADDRESS: 462 N Canal St., P.O. Box 127, Rowland, NC 28383
TELEPHONE: (910) 422-3311
VMO Shred
COUNTY: Robeson

Number of Primary Enclosures: 6
Animals Present: Dogs 0, 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

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

Date: 4.23.09
Time: 7:30 Am

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

LICENSE #: 119
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Town of Rowland
OWNER: Conti
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 inspection is a follow-up from 2.25.09.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The following inadequacies have been addressed:</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>The Kennel is clean and clear of any feces, debris or foreign objects.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>The grounds surrounding the Kennel are clean of feces.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>The records have been made available for inspection.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

A Co needs to include the sex of the dog or cat that is picked up and housed and to record the complete origin and disposition if it is known or other than the county. If there is any veterinary/medical care given that must be recorded also.

Approved ☑ Conditionally Approved ☐ Disapproved ☐

Date: 4.23.09  Time: 7:30 AM

Inspector's Signature: [Signature]

Owner/Authorized Agent's Signature: [Signature]