ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.62590  W: 78.09501

LICENSE #: 103
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME: City of Lumberton
OWNER: City of Lumberton
ADDRESS: 103 Godwin Ave, P.O. Box 1051, Lumberton, NC 28359
TELEPHONE: (910) 671-5345
VMO  Robeson

Number of Primary Enclosures 3 2 0
Animals Present: Dogs 12  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

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)

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

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: 6-20-08  Time: 2:00PM

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

LICENSE #: 103
TYPE FACILITY: Animal Shelter (Private/Public)
BOARDING KENNEL □  PET SHOP □  PUBLIC AUCTION □
BUSINESS NAME: City of Lumberton
OWNER:
ADDRESS: "CONT"
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>Wood posts inside dog pens have been covered in corrugated pipe - satisfies any requirement.</td>
<td></td>
</tr>
<tr>
<td>2) Space - Today, AC officer was on duty at a doctor's appointment. Dogs were being housed in 2 pens. Mother and nursing pups were housed with unrelated dogs. Attendant stated this was an unusual amount at any time. Should house nursing pups with mother separately. If these amounts continue - should increase number of pens</td>
<td></td>
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<tr>
<td>3)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED

Date: 6.20.08  Time: 2:05 pm

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

AW-2  Rev. 1/07
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