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° 7' 52.0"  W: 79° 36' 7.4"

LICENSE #: 117
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Maxton Animal Holding
OWNER: Town of Maxton
ADDRESS: 483 Maxton Pond Rd, 105 N. Horne St, Maxton, NC 28364
TELEPHONE: (910) 844-5667
VMO ☑
COUNTY: Robeson

Number of Primary Enclosures: 6 K9 3 Fel Animals Present: Dogs 2 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, Sink, Basins
17. Insect/Vermin Control
18. Building & Grounds

SPECIAL ITEMS

Records
24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel)
28. Written permission for 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

APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☒

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 117
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Morten Animal Holding
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></td>
<td>Follow-up from 10-23-08</td>
<td></td>
</tr>
<tr>
<td>Item Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Unused food pans are clean today.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Food is stored properly today - Covered Container</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Discard, damaged food has been disposed of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item to address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Grounds around pens - old feces was found and old food was found. Attendant needs to pay more attention to keeping grounds clean - daily clean up any feces outside pens and place un eaten food in a fresh container.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

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

Date: 10-16-08 Time: 10:30 AM

CANARY: Inspector
WHITE: Office
PINK: Owner

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