ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35°50'93.2 W: 80°61'58.5

LICENSE #: 105060
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: CANINE DESIGNS
OWNER: CHRISTY ROESS
ADDRESS: 1006 N MAIN ST KANNAPOLIS
TELEPHONE: (704) 938-7387
VMO SWAIM
COUNTY ROWAN

Number of Primary Enclosures 19 Animals Present: Dogs 9 Cats

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

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
☐ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☐ 26. Signature (boarding kennel)
☐ 27. Written permission from owner for commingling (doggie daycare)

Transportation
☐ 78A. Care in Transit Discussed

Veterinary Care
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

☑ APPROVED

INSPECTOR’S SIGNATURE

DATE: Aug 8, 2007
TIME: 09:21

OWNER/AUTHORIZED AGENT’S SIGNATURE

PAGES 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 105266
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel & Pet Shop □ Public Auction □
BUSINESS NAME: CANINE DESIGNS
OWNER:
ADDRESS:
TELEPHONE: (___) _____ - ________

| Item Number | Explanation of Inadequacy (circled items above) And 
| Recommendation For Compliance | Date Corrections 
<table>
<thead>
<tr>
<th></th>
<th>Must Be Completed</th>
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<tbody>
<tr>
<td>NEED TO MAINTAIN RECORDS FOR AT LEAST ONE YEAR</td>
<td></td>
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<tr>
<td>NEED TX SHEET THAT INCLUDES MED. DOSAGE, CONCENTRATION, TIME GIVEN, INITIALS, DATE</td>
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PLEASE HAVE BEFORE YOU START BOARDING AGAIN OR BEFORE 11/1/08, WHICHEVER COMES FIRST.

APPROVED □ DISAPPROVED Date: Aug 8, 2007 Time: 09:21

Shelley Swann
Inspector’s Signature

Christy Hens
Owner/Authorized Agent’s Signature

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

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