ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35°57′59″ W: 80°6′47″

LICENSE #: N/A
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Annette's Pets
OWNER: Kelley Wright
ADDRESS: 2285 Nc 152 W
TELEPHONE: (704) 933-1904
COUNTY: Rowan

Number of Primary Enclosures: 16 Animals Present: Dogs ☒ 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
☒ 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

NO INFECTION - NO CONTROL (No passive reaction)
<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>PAPERWORK IS ALL IN ORDER</td>
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</tr>
<tr>
<td></td>
<td>THERMOMETER HAS BEEN PLACED IN KENNEL AREA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OK TO LICENSE</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED

Inspector's Signature

Owner/Authorized Agent's Signature

Date: 4/28/2011  Time: 12:21