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: 35°35'18"
W: 87°45'50"

LICENSE #: 65
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Rutherford Co Animal Shelter
OWNER: Sheriff's Dept
ADDRESS: 500 Laurel Hill Dr Rutherford
TELEPHONE: (919) 287-6025
VMO Hunter
COUNTY Rutherford

Number of Primary Enclosures 35 Animals Present: Dogs 3 Cats 0

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities

Primary Enclosures

SANITATION


SPECIAL ITEMS

Records
1. Description of Animals 2. Records/Vet Treatment 3. Origin/Disposition 4. Signature (boarding kennel) 5. Written permission from owner for commingling (doggie daycare)

HUSBANDRY


TRANSPORTATION

29. Care in Transit Discussed

VETERINARY CARE

30. Isolation Facility 31. No Signs of Illness/Treated

□ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 6/28/2009 Time: 10:40

Owner/Authorized Agent's Signature: Grl. Bradley

Inspector's Signature: Thesey Swain

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

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<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOCKS HAVE BEEN PLACED ON DROP OFF KENNELS</td>
</tr>
<tr>
<td></td>
<td>DOORS HAVE BEEN REPAIRED HOWEVER WOODEN DOOR FRAMES ARE ROTTED AND WATER DAMAGED AT BASE</td>
</tr>
<tr>
<td></td>
<td>FLOORING HAS NOT BEEN REPAIRED OR REPAINTED</td>
</tr>
<tr>
<td></td>
<td>IMPROPER DRAINAGE HAS NOT BEEN ADDRESSED</td>
</tr>
<tr>
<td></td>
<td>KENNEL/SHELTER HAS BEEN CLOSED SINCE 2/13/09</td>
</tr>
<tr>
<td></td>
<td>BECAUSE OF KENNEL COUGH OUTBREAK AND PARVO CONCERNS -</td>
</tr>
<tr>
<td></td>
<td>STANDING WATER IN BITE HOUSE - IMPROVE DRAINAGE IN THIS AREA -</td>
</tr>
<tr>
<td></td>
<td>INCREASED ODOR IN BITE HOUSE - IMPROVE VENTILATION IN THIS AREA -</td>
</tr>
</tbody>
</table>

□ APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  Date: 1/26/16  Time: 10:46

Shawna J. Anderson  Gal. Bradley W. Jones  Ti 16
Inspector's Signature  Owner/Authorized Agent's Signature

AW-3  Rev. 1/07  White= Office  Canary= Inspector  Pink= Owner
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