ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.17662   W: 80.30997

LICENSE #: 10425
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME: Mrs. Doolittle's Pet Hotel
OWNER: John Scott
ADDRESS: 123 Dog Street
TELEPHONE: (530) 325-3464
COUNTY: County

Number of Primary Enclosures: 30  Animals Present: Dogs 10  Cats 1

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

APPROVED  DISAPPROVED

Date: Jan 20, 2011  Time: 0900

Inspector's Signature

Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10923
TYPE FACILITY: Animal Shelter (Private/Public)  
BUSINESS NAME: Pinky's Pet Hotel
OWNER:
ADDRESS:
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>( ) Check signature and date at Time of visit.</td>
<td></td>
</tr>
</tbody>
</table>

Approved □ Conditionally Approved □ Disapproved □  
Date: ___/___/___  Time: ___:___  
Inspector's Signature
Owner/Authorized Agent’s Signature

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