ANIMAL WELFARE INSPECTION

GPS Coordinates - N: \[ 35.08670 \]  W: \[ 80.67279 \]

LICENSE #: 10539
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☑ Pet Shop □ Public Auction □
BUSINESS NAME: FURREVER FRIENDS
OWNER: CHRISTY HENDERSON
ADDRESS: 4016 MATHews INDIAN TRAIL RD MATHews
TELEPHONE: (704) 821-2077
VMO SWIM
COUNTY UNION

Number of Primary Enclosures 51  Animals Present: Dogs 35  Cats 3

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

SPECIAL ITEMS

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

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

28. Care in Transit Discussed

Veterinary Care

28. Isolation Facility
29. No Signs of Illness/Treated

APPROVED ☑ DISAPPROVED □

Date: 7/11/2007  Time: 12:06

Inspector’s Signature: Christy Henderson
Owner/Authorized Agent’s Signature: Christy Henderson

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

PAGE OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 1052-9**
**TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □**
**BUSINESS NAME:** FUREVER FRIENDS CONT.
**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>DAMAGED CHAIN LINK HAS BEEN REPAIRED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GRAVEL HAS BEEN ADDED TO BARE DIRT AREAS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CLUTTER &amp; DEBRIS HAVE BEEN REMOVED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GRASS AND WEEDS HAVE BEEN MOWED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PAPER WORK IS IN ORDER</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELECTRICAL CORDS &amp; EXTENSION CORDS ARE ON THE FLOOR IN FRONT OF THE DOORWAY</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CEILING AND CAT ROOM - THIS POSES A HAZARD TO ANIMALS AND EMPLOYEES -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>KEEP CORDS OFF FLOOR AND OUT OF REACH OF DOGS IN CRATES AND ANIMALS BEING LEAD THROUGH DOORWAY</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Covert by 7/12/2007</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEED INITIALS ON TX SHEET EVERY TIME ANIMAL IS TREATED</td>
<td>7/12/2007</td>
</tr>
</tbody>
</table>

**APPROVED**

**INSPECTOR’S SIGNATURE**

**DISAPPROVED**

**OWNER/AUTHORIZED AGENT’S SIGNATURE**

**Date:** 7/11/2007 **Time:** 12:04

AW-2
Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

**PAGE 7 OF 7**