ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34° 8' 11" W: 80° 6' 42.7"

LICENSE #: 10246
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: HEAVENSOWN KENNEL
OWNER: JAMES AND DONNA FOWLER
ADDRESS: 45 S MARVIN FOWLER RD WAXHAW
TELEPHONE: (704) 259-0254
VMO HUNTER UNION

Number of Primary Enclosures 50 Animals Present: Dogs 25 Cats 8

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

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 ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 9/4/08 Time: 16:38

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]

AW-2 Rev. 1/07

White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10746
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Heavens Can Kennel
OWNER: Count
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>①</td>
<td>INSIDE KENNELS NEED BETTER VENTILATION</td>
<td></td>
</tr>
<tr>
<td>②</td>
<td>CHAINLINK IS DAMAGED IS AREAS - REPAIR AND/OR REPLACE</td>
<td></td>
</tr>
<tr>
<td>③</td>
<td>VERY STRONG ODOUR UPPER RIGHT HAND CORNER INCREASE VENTILATION AND CLEANING FREQUENCY</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 10/28 Time: 16:25

Inspector's Signature

Owner/Authorized Agent’s Signature

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

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