ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.39492 W: 78.13552

LICENSE #: 50

TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

BUSINESS NAME: Warren Co. Animal Ark

OWNER: Gail Wells

ADDRESS: 142 E Hickory St, Warrenton NC 27589

TELEPHONE: (252) 851-6137

VMO: McKone

COUNTY: Warren

Number of Primary Enclosures: 53
Animals Present: Dogs: 37, Cats: 17

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 □

HUSBANDRHY

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
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: 8/6/07 Time: 11:40 a.m.

J. C. Elmore
Inspector’s Signature

Gail L. Wells
Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

PAGE 1 OF 2
LICENSE #: 50
TYPE FACILITY: Animal Shelter (Private/Public)  X  Boarding Kennel  □  Pet Shop  □  Public Auction  □
BUSINESS NAME: Warren County Animal Ark
OWNER: Warren Co. Government
ADDRESS: 142 Rafaels Ln, Warren, NC 27589
TELEPHONE: (336) 357-6137

<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>I performed an annual inspection today.</td>
<td></td>
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<tr>
<td></td>
<td>The shelter is fairly new less than a year old.</td>
<td></td>
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<tr>
<td></td>
<td>An issue that needs to be addressed is to make sure that all cat toys need to be sanitized once a week.</td>
<td></td>
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<tr>
<td></td>
<td>Other issue is to make sure the floors are swept.</td>
<td></td>
</tr>
</tbody>
</table>

☑  APPROVED    □  DISAPPROVED

Date: 8/6/07  Time: 11:50 am

Inspector’s Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]