Type of Inspection
New ☐ _____
Annual ☒ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR ☐
OUTDOOR ☐
BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.23799 **W:** 80.81754

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: CLUB K-9 OF CHARLOTTE
OWNER: JUDITH BREWER
ADDRESS: 2001 NORTH DAVIDSON ST CHARLOTTE
TELEPHONE: (704) 376-0801
VMO HUNTER
COUNTY MECK

Number of Primary Enclosures 120 **Animals Present: Dogs** 75 **Cats** 0

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
☒ 9. Ventilation & Temp.
☒ 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
☒ 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: JAN 26, 2009 Time: 16:02

[signature] **Inspector's Signature** [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 #: _____
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: CLUB K-9 OF CHARLOTTE
OWNER:
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
1	Add gravel to common area	3-1-09
4	Floors throughout facility need to be sealed and resealed - seal and maintain making impervious to moisture	3-1-09
5	Storage area cluttered (garage area) clear organize	3-1-09
7	Repair Replace plastic gates as they become damaged and maintain	3-1-09
13 14 18	Large amounts of hair build up around fencing, primary enclosures on some walls at base of walls remove hair and debri daily -	2-2-09
24	Review Program of veterinary care and follow veterinarians rec. for vaccinations Rabies is required by NC state law	
22	Forty out of 75 dogs on property at time of inspection could not varify vaccination history - Update records and follow PVC for all animals on property	2-2-09
22	Green area > 38 dogs and 2 employees Orange area 32 dogs and 1 employee Puppy area 15 dogs and 1 employee Maintain ratio of 9:10 employees to dogs	2-2-09

□ APPROVED □ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 1/26/09 Time: 16:02

Shelley J. Sexum
Inspector's Signature

Diane Ahl
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner