Type of Inspection
New X 11-23-10
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 X

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.20000 **W:** 80.80181

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) □ **Boarding Kennel** X **Pet Shop** □ **Public Auction** □
BUSINESS NAME: The Dog Knowledge, LLC
OWNER: Deborah Lange
ADDRESS: 1110 Pro Am Drive, Charlotte NC
TELEPHONE: (704) 333-2109
VMO Hunter
COUNTY mecklenburg

Number of Primary Enclosures 7 **Animals Present: Dogs** Ø **Cats** Ø

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities
X 1. Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
X 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
X 7. Structure & Repair
X 8. Space
X 9. Ventilation & Temp.
X 10. Adequate Shelter

SANITATION

X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
X 14. Primary Enclosures
X 15. Equipment & Supplies
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
□ 18. Building & Grounds

HUSBANDRY
X 19. Adequate Feed/Water
X 20. Food Storage
X 21. Personnel
X 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
X 23. Animals' Appearance

SPECIAL ITEMS

Records NOT viewed
□ 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
X 29. Care in Transit Discussed

Veterinary Care
X 30. Isolation Facility
X 31. No Signs of Illness/ Treated

X **APPROVED** □ **DISAPPROVED** Date: 11-23-10 Time: 12:51pm - 3:01pm

E. Garner
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 CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: ~~Animal~~ Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: The Dog Knowledge
OWNER: _____
ADDRESS: _____ (CONT)
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	This is a new facility in Mecklenburg County that will Specialize in training & offer boarding to their clients. Application & PVC has been turned into ~~their~~ our office & owner has recently submitted their fee.	
	Today's Inspection:	
	This is a new facility opening this coming up weekend. Facility is ok to license at this time. PVC has been turned in along with application.	
	#18 - Building & Grounds: In outside "potty" yard - place a barrier between turf area & tree line.	
	No other inadequacies noted at this facility.	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 11-23-10 Time: 12:51pm - 3:01pm

E. Sarne
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner