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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.240604 W: 80.42897

LICENSE #: 108200
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Camp Bicocca Newman Concord NC
OWNER: Cassie Smithfield
ADDRESS: 2010 Myrtle Ln. Suite 110
TELEPHONE: (704) 320-0055
VMO Hunter
COUNTY: Cabarrus

Number of Primary Enclosures 60 Animals Present: Dogs 53 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
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
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 ☐

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 CONTINUATION PAGE**

**LICENSE #: 108400**

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

**BUSINESS NAME:** Camp Beg Waw of Creed NC

**OWNER:** Cassie Scott

**ADDRESS:** (CONT)

**TELEPHONE:** ( )

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<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
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<tbody>
<tr>
<td></td>
<td>This is just written as documentation after the inspection was completed. I received an email from Michelle in the office about a rate complaint on this facility. Michelle received the email from a client of Camp Begg Waw. I received this email on 4-30-10. The ratio for commingling group play were within limits at this inspection. Owner is aware of both limits at 0.1. Owner did recently lose an employee rendering her short staffed at the time. Owner &amp; I discussed some options for her 1-9s play group area &amp; schedule that will hopefully help her to stay in compliance with state mandated housing guidelines.</td>
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**APPROVED** □ CONDITIONALLY APPROVED □ DISAPPROVED □

**Date:** 5-3-10 **Time:** N/A

**INSPECTOR’S SIGNATURE:** E. Scott

**OWNER/AUTHORIZED AGENT’S SIGNATURE:** N/A

**AW-2**

**Rev. 1/07**

**White = Office**

**Canary = Inspector**

**Pink = Owner**

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