Animal Welfare Services

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.38494  W: 80.58317

LICENSE #: 10570
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME: Damask Pet Grooming
OWNER: Sabrina Ciesler
ADDRESS: 2030 Walsingham Court Concord
TELEPHONE: (704) 797-5040
VMO: Hunter Karrus

Number of Primary Enclosures 20  Animals Present: Dogs 1  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

Date: 9/28/08 Time: 14:02

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

PAGE 1 OF 2
LICENSE #: 10501

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

BUSINESS NAME: Pampered Pet Grooming

OWNER: 

ADDRESS: 

TELEPHONE: (____) _____ - ________

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<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>No INADEQUACIES NOTED AT THIS INSPECTION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 9/3/08 Time: 14:02

Inspector’s Signature: Signed

Owner/Authorized Agent’s Signature: Signed

White= Office
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