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°52023 W: 80°54018

LICENSE #: 10344
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☑ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: HAWKS NK-9
OWNER:
ADDRESS: 881 BEATTY FARM LANE
STATEVILLE
TELEPHONE: (704) 876-1316
VMO HUNTER
COUNTY IREDELL

Number of Primary Enclosures 10 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

SPECIAL ITEMS
Records
23. Description of Animals
24. Records/Vet Treatment
25. Origin-Disposition
26. Signature (boarding kennel)
27. Written permission from owner for comingling (doggie daycare)

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

28. Care in Transit Discussed
29. Isolation Facility
30. No Signs of Illness/Treated

APPROVED ☑ DISAPPROVED ☐

Date: July 03, 2010 Time: 10:11

AW-2
Rev. 1/07

Inspector’s Signature
Owner/Authorized Agent’s Signature

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:**  
**OWNER:**  
**ADDRESS:**  
**TELEPHONE:**  

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (cirled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Inadequacies NOTED AT THIS INSPECTION.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility has moved - NEW ADDRESS NOTED on 1ST SHEET OF INSPECTION FORM.</td>
<td></td>
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<tr>
<td></td>
<td>PLEASE UPDATE FOR RENEWAL/NEW LICENSE PURPOSES</td>
<td></td>
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<tr>
<td></td>
<td>THANK YOU</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED**  
**Date:** 3/16/11  **Time:** 10:11  
**Inspector's Signature:**  
**Owner/Authorized Agent’s Signature:**  

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