ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35°09.053 W: 80°84.049

LICENSE #: 204204
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Pineville Pets
OWNER: 8324 Pineville Mathews Charlotte
ADDRESS: Telephone: (704) 341-0180
VMO: Hunter
COUNTY: Meck

Number of Primary Enclosures: 18 Animals Present: Dogs 12 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
☐ 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: 01/14/2008 Time: 12:26

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** A0424  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Pineville Pets  
**OWNER:**  
**ADDRESS:**  
**TELEPHONE:** (___) _____-_______

<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>24</td>
<td>No trip sheets available, maintain paperwork for at least one year.</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>More attention needed with organizing paperwork, make sure dates, descriptions.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
**DISAPPROVED**

**Inspector’s Signature:**  
**Date:** January 2026  
**Time:** 12:30

**Owner/Authorized Agent’s Signature:**  

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

**PAGE ___ OF ___**