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°17'37.4"   W: 80°56'17.4"

LICENSE #: 1031

TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME:
OWNER:
ADDRESS: 8914 A Ashley Ave Charlotte
TELEPHONE: (704) 332-8662
VMO
COUNTY

Number of Primary Enclosures 15
Animals Present: Dogs 0  Cats

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 #:  
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □  
BUSINESS NAME:  
OWNER:  
ADDRESS:  
TELEPHONE: ( ) -  

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
---|---|---
1 | Alder facility grand fathered in. Replace wood as it becomes damaged with matured impurities to maintain. |  

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date:  
Inspector’s Signature  
Owner/Authorized Agent’s Signature  
AW-2  
Rev. 1/07  
White= Office  
Canary= Inspector  
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