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: 35.23798 W: 80.21749

LICENSE #: 1011014
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel X Pet Shop □ Public Auction □
BUSINESS NAME: Club K-9 of Charlotte
OWNER: Judith Brewer
ADDRESS: 2001 N. Davidson St. Charlotte NC.
TELEPHONE: (704) 376-0801
VMO Hunter
COUNTY Mecklenburg
Number of Primary Enclosures 131 Animals Present: Dogs 33 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

Date: 7-14-10 Time: 4:00 PM

Approved by

Owner/Authorized Agent’s Signature

Inspector’s Signature

PAGE 1 OF 2
## Animal Welfare Inspection Continuation Page

**License #: 100640**  
**Type Facility:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Club K-9 of Charlotte  
**Owner:** (CONT)  
**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>
</table>
|             | last inspection 7-8-09 (on file)  
- rescale repaint surfaces as needed  
- daily removal of hair debris build-up necessary |                                    |
|             | today's inspection:  
#1 - rescale floors, fix any damaged doors, repaint any peeling surfaces  
#4 - see #1  
#7 - see #1 |                                    |

(Annual maintenance scheduled for 7-19-10)  
all these items will be addressed

---

**Approved**  
**Conditionally Approved**  
**Disapproved**  
**Date:** 7-14-10  
**Time:** 4:00pm

**Inspector's Signature:**  
**Owner/Authorized Agent's Signature:**

---

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

---

**Page 2 of 2**