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: 35.44.337  W: 80.8.47

LICENSE #: 10841
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: City Paws
OWNER: Stephanie Parker
ADDRESS: 901 Lake Birkdale Crossing Dr., Huntersville
TELEPHONE: (704) 895-0136
VMO: Hunter
COUNTY: Mecklenburg

Number of Primary Enclosures 3  Animals Present: Dogs 3  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
24. Description of Animals
25. Records/Vet Treatment
26. Origin/Disposition
27. Signature (boarding kennel)
28. Written permission from owner for commingling (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
24. Care in Transit Discussed
25. Isolation Facility
26. No Signs of Illness/Treated

Transportation

VETERINARY CARE

27. Description of Animals
28. Records/Vet Treatment
29. Origin/Disposition
30. Signature (boarding kennel)
31. Written permission from owner for commingling (doggie daycare)

APPROVED ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 7-1-10 Time: 1:28 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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**NCDA&CS, VETERINARY DIVISION**  
**ANIMAL WELFARE SECTION,**  
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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 108971**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
□ Boarding Kennel  
□ Pet Shop  
□ Public Auction

**BUSINESS NAME:**  
City Paws

**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>
</table>

**Last Inspection:** 1-25-10  
**No Inadequacies**

**Today's Inspection:**

**No Inadequacies**

**Yearly Application, RVC of Fee has not been submitted yet. Packet given. Have filled out & return to office ASAP.**

**Temperature is 71° at time of inspection.**

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**APPROVED**  
**CONDITIONALLY APPROVED**  
**DISAPPROVED**

**Date:** 1-14-10  
**Time:** 1:28pm

**Inspector's Signature**

**Owner/Authorized Agent's Signature**

AW-2  
Rev. 1/07  
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