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: 85.20556 W: 80.86253

LICENSE #: 1Q180
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: KARE DEA ALL WAYS
OWNER: KAREN MCCOMBS
ADDRESS: 2301 S ALONG CHARLOTTE
TELEPHONE: (704) 527-9247
VMO HUNTER
COUNTY MECK

Number of Primary Enclosures 12 Animals Present: Dogs 34 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 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

Transportation
☐ 28. Care in Transit Discussed

Veterinary Care
☒ 28. Isolation Facility
☒ 29. No Signs of Illness/Treated

☑ APPROVED ☐ DISAPPROVED Date: 1/20/09 Time: 11:00

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 #: 10 780
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Ace Way
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>0</td>
<td>Replace and caulk glass doors.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Key plates are not secured and are decaying. Moisture. Replace and seal.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Odor in kennel area (possibly coming from shop area) Kennel and area with records are complete. Husbandry is greatly improved.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED ☑ CONDITIONALLY APPROVED ☑ DISAPPROVED ☐
Inspector’s Signature: [Signature]
Date: [Signature]
Owner/Authorized Agent’s Signature: [Signature]
Time: [Signature]
AW-2
Rev. 1/07
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