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

Type of Inspection
New ☐
Annual ☐
Follow-Up ☐
(Prev. Inspection Date)
Complaint ☐
Courtesy ☐
Random ☐

GPS Coordinates - N: 35° 47' 54.0" W: 80° 40' 9.1"

LICENSE #: 04
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Cornelius P & D Animal Shelter
OWNER: Cornelius P & D
ADDRESS: 19200 Trenahan St, Cornelius NC
TELEPHONE: (704) 892-1313
VMO Hunter
COUNTY Mecklenburg

Number of Primary Enclosures ___________ Animals Present: Dogs 13 Cats 2

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 ☐ DISAPPROVED ☐

Date: 12-24-11 Time: 11:05am - 12:30pm

Inspector’s Signature

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 #:** 124
**TYPE FACILITY:** Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
**BUSINESS NAME:** Cornelius Animal Shelter
**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></td>
<td>Previous Inspection was on 9-4-09; at that time facility was approved for license.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's Inspection: No Inadequacies.</td>
<td></td>
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</tbody>
</table>

**APPROVED** ☑ **DISAPPROVED** ☐

**Date:** 1-24-11  **Time:** 11:05am-12:30pm

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office  Canary= Inspector  Pink= Owner