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: 35.34712 W: 80.71358

LICENSE #: W404360
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Lake Norman Pet Grooming
OWNER: Kimberly Monson
ADDRESS: 2300 Statesville Rd - Cornelius, NC
TELEPHONE: (704) 875-0782
VMO Hunter
COUNTY Mecklenburg

Number of Primary Enclosures 12 Animals Present: Dogs ☐ 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

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

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 9-1-10 Time: 2:45pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 2
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: KE7604
TYPE FACILITY: Animal Shelter (Private/Public)  □ Boarding Kennel  □ Pet Shop  □ Public Auction  □
BUSINESS NAME: Lake Norman
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>128</td>
<td>3-8-10 No inadequacies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Todays Inspection: No inadequacies</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ DISAPPROVED  Date: 9-1-10  Time: 3:45pm

Inspector's Signature

Owner/Authorized Agent's Signature

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

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