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: 35.47540 W: 80.8492

LICENSE #: 124
TYPE FACILITY: Animal Shelter (Private/Public) 
BOARDING KENNEL ☐ PET SHOP ☐ PUBLIC AUCTION ☐

BUSINESS NAME: Cornelius Animal Shelter
OWNER:
ADDRESS: 19200 Meridian St. Cornelius NC
TELEPHONE: (704) 892-1303

COUNTY: Mecklenburg

Number of Primary Enclosures 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

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

☐ 24. Description of Animals
☐ 25. Records/Vet Treatment
☐ 26. Origin-Disposition
☐ 27. Signature (boarding kennel)
☐ 28. Written permission from owner for commingling (doggie daycare)

Records

Transportation

☑ 29. Care in Transit Discussed

Veterinary Care

☐ 30. Isolation Facility
☐ 31. No Signs of Illness/Treated

☑ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED

Date: 2-27-10 Time: 4:30 pm - 4:35 pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07

PAGE 1 OF 2
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>Last Inspection 9-4-09: Approved new facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's Inspection: Shelter is only open 11am-1pm daily - No one available today for inspection - will revisit next trip</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature: ____________________________ Date: 9-19-10, Time: 4:30pm

Owner/Authorized Agent’s Signature: ____________________________ White= Office

Rev. 1/07

Canary= Inspector

Pink= Owner

PAGE: 41