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: 35.26598 W: 80.51547

LICENSE #: 16753
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☑ Public Auction ☐
BUSINESS NAME: Pedigo 2110
OWNER:
ADDRESS: 10017 Biddix Ln. Huntersville, NC
TELEPHONE: (704) 899-7643
VMO Hunter
COUNTY Meck

Number of Primary Enclosures 6 Animals Present: Dogs 0 Cats 7

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 ☑ Conditionally Approved ☑ Disapproved

Date: 9-2-10 Time: 2:40 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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**PHONE: 919/715-7111, FAX: 919/733-6431**

**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10783**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:**  
**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 2.309</td>
<td></td>
</tr>
<tr>
<td></td>
<td>One cat w/ otor discharge - removed @ that time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today's inspections - 0 inadequacies. Belong to catering to cats &amp; dogs</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
**DISAPPROVED**  

**Date:** 9-2-10  
**Time:** 2:40pm

**Inspector’s Signature**  
**Owner/Authorized Agent’s Signature**

AW-2  
Rev. 1/07

**White- Office**  
**Canary- Inspector**  
**Pink- Owner**

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