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: 80.86497

LICENSE #: N/A
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Cornelius Animal Shelter
OWNER:
ADDRESS: 19200 Meridian St Cornelius
TELEPHONE: (704) 892-1363
VMO Hunter
COUNTY Meck

Number of Primary Enclosures 43 Animals Present: Dogs 0 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

HUSBANDRY NOT VIEWED

☐ 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

Records NOT VIEWED

☐ 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: 9/4/09 Time: 10:00

Approved

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 #: N/A
TYPE FACILITY: Animal Shelter (Private)  Boarding Kennel  □  Pet Shop  □  Public Auction  □
BUSINESS NAME: CORNELIO'S 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>FENCING AND OUTSIDE COMMON AREAS INCLUDING GRÄZER WILL BE COMPLETED BY SEPT 30, 2009.</td>
<td></td>
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<tr>
<td></td>
<td>INSIDE ENCLOSURES AND HOUSING FACILITY LOOK GREAT ON THE LICENSE AND OPEN - WILL RE-INSPECT SEPT 30, 2009. PLEASE HAVE RECORDS AVAILABLE.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  Date: 9/14/09  Time: 10:00

[Signatures]  

Inspector's Signature  
Owner/Authorized Agent's Signature

White= Office  Canary= Inspector  Pink= Owner

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