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: 35.47162 W: 80.87355

LICENSE #: 10764
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Lake Norman Pet Grooming
OWNER: Fimbili, Thomas
ADDRESS: 18900 Statesville Rd Cornelius
TELEPHONE: (704) 885-0750
VMO: N/A
COUNTY: N/A

Number of Primary Enclosures 12 Animals Present: Dogs 2 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

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

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 □

Inspector’s Signature: Shellie J. Swamin

Owner/Authorized Agent’s Signature:

Date: 2/16/07 Time: 12:07

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

PAGE 1 OF 2
**NCDA&CS, VETERINARY DIVISION**  
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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10766**  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
- Boarding Kennel  
- Pet Shop  
- Public Auction  
**BUSINESS NAME:** Lake Norman Pet Grooming  
**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>1</td>
<td>Hardwood boards under gravel used to control weeds. Exposed and damaged on doors.</td>
<td>Add new boards and fill with gravel to maintain a depth of 6 inches.</td>
</tr>
<tr>
<td>2</td>
<td>Ceilings of reception area [not cleaned or finished] - finish and clean ceiling.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**  
**CONITIONALLY APPROVED**  
**DISAPPROVED**  
**Date:**  

**Owner/Authorized Agent's Signature**

**Inspector’s Signature**