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°20'7.7" W: 80°49'6.0"

LICENSE #: 10797
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: ONE LUCKY PUP INC
OWNER:
ADDRESS: 11607 REMMES RD
TELEPHONE: (704) 794-8474
VMO Hunter
COUNTY Meck

Number of Primary Enclosures 35 Animals Present: Dogs 10 Cats 8

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

Transportation

29. Care in Transit Discussed

Veterinary Care

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

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 2019-03-03 Time: 10:00

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2 Rev. 1/07
White= Office Canary= Inspector Ink= Owner
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 10797**
**TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding-Kennel □ Pet Shop □ Public Auction □**
**BUSINESS NAME:** One Lucky Dog
**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>No Inadequacies noted at this inspection</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED**

- **Inspection’s Signature:** [Signature]
- **Owner/Authorized Agent’s Signature:** [Signature]

**Date:** 12/29/21 **Time:** 10:00

**White= Office** **Canary= Inspector** **Pink= Owner**

PAGE 2 OF 2