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°50'9"32" W: 80°6'15'9"

LICENSE #: 10506

TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

BUSINESS NAME: CANINE DESIGNS
OWNER: CHRISTY FLUSH
ADDRESS: 100 N. MAIN ST KANNAPOLIS

TELEPHONE: (704) 938-7387
VMO HUNTER
COUNTY ROWAN

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

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: 9/22/08 Time: 13:41

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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