Type of Inspection
New □ _____
Annual ☒ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint □ _____
Courtesy □ _____
Random □ _____

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR □
OUTDOOR □
BOTH ☒

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.11380 **W:** 80.91197

LICENSE #: 1070
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Charlotte K-9 of Charlotte
OWNER:
ADDRESS: 10901 Downs Rd, Pineville NC 28134
TELEPHONE: (704) 583 2438
VMO Hunter
COUNTY Mecklenburg

Number of Primary Enclosures 94 **Animals Present: Dogs** 41 **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
☒ 9. Ventilation & Temp.
□ 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: 3/12/09 Time: _____

Steven Swan
Inspector's Signature

K Lowry
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Club K-9 of Charlotte
OWNER: _____
ADDRESS: _____ Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(A)	Add gravel to outside enclosures maintain at a depth of 6 in	
(B)	Outside areas (K-9 grass) there is a large build up of chair (Remove and keep area clean)	
(C)	All open food must be stored in sealed containers	

□ APPROVED **□ CONDITIONALLY APPROVED** **□ DISAPPROVED** Date: 3/12/19 Time: _____

Shelley D. Swann
Inspector's Signature

K Downs
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner