Type of Inspection
New □ _____
Annual □ _____
Follow-Up 12/12/08
(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: 35.20536 **W:** 80.86253

ENTERED

LICENSE #: 10780
TYPE FACILITY: Animal Shelter (Private/Public) □ **Boarding Kennel** □ **Pet Shop** □ **Public Auction** □
BUSINESS NAME: KMLD DBA All Wags
OWNER: Karen McCombs
ADDRESS: 2301 S Blvd Charlotte
TELEPHONE: (704) 527-9247
VMO Hunter
COUNTY Meck

Number of Primary Enclosures 12 **Animals Present: Dogs** 34 **Cats** Ø

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
- ☒ 23. Description of Animals
- ☒ 24. Records/Vet Treatment
- ☒ 25. Origin/Disposition
- ☒ 26. Signature (boarding kennel)
- ☒ 27. Written permission from owner for commingling (doggie daycare)

Transportation
- ☒ 28. Care in Transit Discussed

Veterinary Care
- ☒ 28. Isolation Facility
- ☒ 29. No Signs of Illness/ Treated

☒ **APPROVED** □ **DISAPPROVED** Date: 1/26/09 Time: 11:00

[signature] **Inspector's Signature**

Karen McCombs **Owner/Authorized Agent's Signature**

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

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ENTERED

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 10780
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: All Wags
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
0	Replace and caulk baseboards	
1	4x4 floor plates are not sealed and are harboring moisture. Replace and seal	
12	Odor in Kennel area - (possibly coming from shop vacs) Kennel and area was clean	
	Records are complete	
	Housekeeping is greatly improved	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 1/26/07 Time: 11:00

Sheila Swain
Inspector's Signature

Karen McCombs
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner