

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: W:

LICENSE #: 43
 TYPE FACILITY: Animal Shelter (Private Public Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Anson Co. Animal Shelter
 OWNER: _____
 ADDRESS: 1474 Hollywood Rd, Wadesboro
 TELEPHONE: (704) 694-4947
 VMO: Shirley
 COUNTY: Anson
 Number of Primary Enclosures: 24 Animals Present: Dogs 4 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
 - 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: Oct 27, 2009 Time: 08:30

Shelley J. Swain Thomas Wilton
 Inspector's Signature Owner/Authorized Agent's Signature

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

phone: (919) 715-7111 FAX: (919) 733-6431
 e-mail: agr.aws@ncagr.gov URL: www.ncaws.com

Name of business
 City License number (if currently licensed) license type

Dates of a CET

Prepare animals for euthanasia .0418	Properly record all data .0418	Security, controlled substances .0418
<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervise Prob. CET .0418	Properly euthanize .0418	Properly dispose of dead .0418
<input type="text"/>	<input type="text"/>	<input type="text"/>

Euthanasia by Injection

IC only on anesth. or sedated .0501

Euthanasia by CO

Use only bottled gas .0601	Use only comm. mfd chamber .0601	Only same species in chamber .0601	In chamber for >= 20 min. .0601
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not used on < 16 weeks .0602	Not used on pregnant .0602	Not used on near death .0602	No live with dead .0603
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animals separated .0604	At least 1 viewport .0605	Chamber in good order .0605	Airtight seals present .0605
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Light shatterproof .0605	Chamber sufficiently lit .0605	Electrical explosion-proof .0605	If inside, two CO monitors .0605
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Records of monthly inspection .0606	Records of yearly inspection .0606	Visual inspection by AWS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Chamber cleaned b/t uses .0607	Operational guide & or manual .0608	>= 2 adults present when used .0609	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Extraordinary methods

Reports of extraordinary euth. .0705

Policy and procedure manual

Current copy of AWA in manual .0803	Current AVMA euth. in manual .0803	Current HSUS euth. in manual .0803	Current AHA euth. in manual .0803
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
List of approved euth. methods .0803	List of CETs & methods .0803	Contact info for DVM in PVC .0803	Contact info for DVM care .0803
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
List after hour euth. meth. 0803	Euth. methods if no CET present 0803	Policy for verifying death .0803	Contact info for suppliers. 0803
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEA certificate .0803	MSDS sheets, chemical or gas .0803	MSDS sheets, tranq. or anesth. .0803	Signs & symptoms, human .0803
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First aid information .0803	MD contact information .0803		
<input type="text"/>	<input type="text"/>		

Signature of inspector Shelley Ann date Oct 27, 2009 page 2 of 3 Signature of management Thomas Willis