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: 35.76521 **W:** 81.66502

LICENSE #: 54
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Burke Co. Animal Shelter
OWNER: Burke Co.
ADDRESS: 150 Government Drive Morganton N.C.
TELEPHONE: (828) 438 - 5465
VMO Hunter
COUNTY Burke

Number of Primary Enclosures 36 **Animals Present: Dogs** 45 **Cats** 2

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 (electric)
☒ 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
NA 27. Signature (boarding kennel)
NA 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: 11/6/09 Time: 4:00

Mary Stamy
Inspector's Signature

J. Steve Massey
Owner/Authorized Agent's Signature

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

Animal Welfare Section
NC Department of Agriculture and Consumer Services
1030 Mail Service Center
Raleigh, NC 27699-1030
phone: (919) 715-7111 FAX: (919) 733-6431
e-mail: agr.aws@ncagr.gov URL: www.ncaws.com

Animal Welfare Section, NCDA&CS
Euthanasia Inspection Report

Name of business: Burke Co. Animal Shelter

City: Morganton NC. License number (if currently licensed): 54 license type: 44

Duties of a CET

Prepare animals for euthanasia .0418: Adequate	Properly record all data .0418: Adequate	Security, controlled substances .0418: Adequate
Supervise Prob. CET .0418: not Applicable	Properly euthanize .0418: Adequate	Properly dispose of dead .0418: Adequate

Euthanasia by Injection

IC only on anesth. or sedated .0501: Adequate

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:
Not used on < 16 weeks .0602:	Not used on pregnant .0602: NA	Not used on near death .0602:	No live with dead .0603:
Animals separated .0604: NA	At least 1 viewport .0605:	Chamber in good order .0605: NA	Airtight seals present .0605:
Light shatterproof .0605:	Chamber sufficiently lit .0605:	Electrical explosion-proof .0605:	If inside, two CO monitors .0605:

Records of monthly inspection .0606:	Records of yearly inspection .0606: NA	Visual inspection by AWS:

Chamber cleaned b/t uses .0607:	Operational guide & or manual .0608:	>= 2 adults present when used .0609:

Extraordinary methods

Reports of extraordinary euth. .0705: Adequate

Policy and procedure manual

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

Signature of inspector: [signature] date: 11/6/09 page 2 of 3 Signature of management: [signature]

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 54
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Burke Co. Animal Shelter
OWNER: Burke Co.
ADDRESS: 150 Government Drive Morganton NC
TELEPHONE: (828) 438 - 5465

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Euthanasia Report – on 11/6/09 2 vets performed euthanasia on 11 cats and 2 dogs. All cats 9 of which were Feral were euthanized using IP. 1 dog was sedated and given euthanasia drug IV, the other dog was properly dosed and given IP. All daily use and supply drugs were secured properly, and all drugs used were properly recorded. All animals were verified dead and all were properly disposed of.	
	Policy + Procedure manual was in very good order with all material in place.	
	#3 Power cord at side of building is still in place and needs to be replaced with suitable wiring ASAP ← This was noted in last Inspection (60 days)	

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 11/6/09 Time: 4:00

Gary Stamey
Inspector's Signature

H Steve A Mass
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner