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

CDA&CS, VETERINARY DIVISIO
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: 35.68946 **W:** 81.26856

LICENSE #: 80
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Humane Society of Catawba County
OWNER: Tim Jennings (ex Director)
ADDRESS: 3224 20th AVE SE P.O. Box 63 Hickory N.C.
TELEPHONE: (828) 464-8878
VMO Hunter
COUNTY Catawba

Number of Primary Enclosures 45 **Animals Present: Dogs** 77 **Cats** 54

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
- N/A 27. Signature (boarding kennel)
- N/A 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: 12/30/09 Time: 2:30

Mary Stamy
Inspector's Signature

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: Humane Society of Catawba County

City: Hickory | License number (if currently licensed): 80 | license type: 40

Duties of a CET

Prepare animals for euthanasia .0418	Properly record all data .0418	Security, controlled substances .0418	All euthanasia is performed by DVM. on site
Supervise Prob. CET .0418	Properly euthanize .0418	Properly dispose of dead .0418	

Euthanasia by Injection

IC only on anesth. or sedated .0501: Euthanasia is performed by DVM as needed

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	Airtight seals present .0605 NA
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: not Applicable

Policy and procedure manual

Current copy of AWA in manual .0803: Adequate	Current AVMA euth. in manual .0803: Inadequate	Current HSUS euth. in manual .0803: Inadequate	Current AHA euth. in manual .0803: Inadequate
List of approved euth. methods .0803: Inadequate	List of CETs & methods .0803: not Applicable	Contact info for DVM in PVC .0803: Inadequate	Contact info for DVM care . 0803: Inadequate
List after hour euth. meth. 0803: Inadequate	Euth. methods if no CET present 0803: not Applicable	Policy for verifying death . 0803: Inadequate	Contact info for suppliers. 0803: Inadequate
DEA certificate . 0803: Inadequate	MSDS sheets, chemical or gas . 0803: Inadequate	MSDS sheets, tranq. or anesth. . 0803: Inadequate	Signs & symptoms, human . 0803: Inadequate
First aid information . 0803: Inadequate	MD contact information . 0803: Inadequate		

Signature of inspector: [signature] | date: 12/30/09 | page 2 of 3 | Signature of management: [signature]

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 80
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Humane Society of Catawba County
OWNER: Tim Jennings (Ex Director)
ADDRESS: 3224 20th Ave SE
TELEPHONE: (828) 464-8878

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	All areas within facility were in very good shape, all primary enclosures were in great shape, very clean and well maintained. All record such as Description of animals, vet records, Treatment sheets and origin were in excellent order and easily accessable to me. Staff was very knowledable and helpful during this inspection	
	Euthanasia Report - Any euthanasia that has to be perform is done by DVM on site during the times that she is on site doing Spay/neuter (clinic onsite). Drugs are kept on site and were secured within the clinic.	
	95% of Policy + Procedure Manual was Inadequate at time of Inspection. Although all sections of 1st page of Inspection were adequate, the Policy + Procedure manual was not, which refects the Appovall of the Inspection	
	30 days re-inspect	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 12/30/09 Time: 2:30

Inspector's Signature

Owner/Authorized Agent's Signature

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