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

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: 35.74242 **W:** 79.26475

LICENSE #: 45
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Chatham Co. Animal Control
OWNER: Chatham Co. Government
ADDRESS: 725 County Landfill Rd. Pittsboro NC
TELEPHONE: (919) 542-7203
VMO Hunter
COUNTY Chatham

Number of Primary Enclosures 20 Dog 20 cat **Animals Present: Dogs** 25 **Cats** ~~28~~ 43

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
- NA 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: 6/8/10 Time: 9am

E. Gar
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: Chatham Co. Animal Control

City: Pittsboro

License number (if currently licensed): 45

license type:

Duties of a CET

Prepare animals for euthanasia .0418: Acceptable	Properly record all data .0418: Acceptable	Security, controlled substances .0418: Acceptable
Supervise Prob. CET .0418: ~~Accep~~ N/A	Properly euthanize .0418: Acceptable	Properly dispose of dead .0418: Acceptable

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:
Not used on < 16 weeks .0602:	Not used on pregnant .0602:	Not used on near death .0602:	No live with dead .0603:
Animals separated .0604:	At least 1 viewport .0605:	Chamber in good order .0605:	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:	Visual inspection by AWS:	
Chamber cleaned b/t uses .0607:	Operational guide & or manual .0608:	>= 2 adults present when used .0609:	

ERT ONLY

Extraordinary methods

Reports of extraordinary euth. .0705: Acceptable

Policy and procedure manual

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

Signature of inspector: [signature]

date: 6/8/10

Signature of management: [signature]

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ANIMAL WELFARE SECTION,
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PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 45
TYPE FACILITY: Animal Shelter (Private (Public)) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Chatham Co. Government
OWNER:
ADDRESS: (CONT)
TELEPHONE: ( ) -

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I performed a Euthanasia inspection today. Euthanasia was performed by CET Krista Ritter using Euthasol. Animal chosen for Euthanasia while I was present was a male Husky mix Aprox. 30 lbs, dosing was accurate & Euthanasia was performed via (IV) admission. Death was verified by Cardiac Standstill, lack of ocular reflex.	

☒ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☐ DISAPPROVED Date: 6/8/10 Time: 9am

E. Sa
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner