Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up Euth
(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: 35.19568 **W:** 81.29002

LICENSE #: 75
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Cleveland Co Animal Shelter
OWNER:
ADDRESS: 1609 Airport Rd Shelby
TELEPHONE: (704) 476-3166
VMO Hunter
COUNTY Cleveland

Number of Primary Enclosures 97 **Animals Present: Dogs** 75 **Cats** 38

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
N/A 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
N/A Signature (boarding kennel)
N/A 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: Feb 18, 2010 Time: 10:39

Shelley J. Swann
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: Cleveland Co Animal Shelter

City: Shelby | License number (if currently licensed): 75 | license type: Shelter

Duties of a CET

Prepare animals for euthanasia .0418	Properly record all data .0418	Security, controlled substances .0418
not reviewed	Adequate	Adequate
Supervise Prob. CET .0418	**Properly euthanize .0418**	**Properly dispose of dead .0418**
N/A	not reviewed	Adequate

Euthanasia by Injections

IC only on anesth. or sedated .0501
Not viewed

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

Records of monthly inspection .0606	Records of yearly inspection .0606	Visual inspection by AWS
Adequate	Adequate	Adequate

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

Extraordinary methods

Reports of extraordinary euth. .0705
none available

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

Shelley J. Swain 2/18/10
Signature of inspector date

Signature of management

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 75
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Cleveland Co Animal Shelter
OWNER:
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
(1)	Main Kennel area (A) Reseal concrete floor making impervious to moisture. (B) Repair cracks in concrete floors	
(2) (12)	Ventilation was poor on day of inspection in main Kennel - There was a distinct odor Increase ventilation / flush drains daily	
(14)	Expanded metal cat enclosures had build up of hair however are greatly improved since last inspection - Enclosure must be cleaned properly at least 2x daily and properly sanitized prior to introduction of dogs or cats into empty primary enclosure previously occupied.	
	There were no animals available for euthanasia at time of inspection however all other areas of euthanasia included in AWA inspection process were acceptable or adequate	
	Construction has begun on new cat adoption and euthanasia room.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 2/13/10 Time: 10:39

Sherry J Swain
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner