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

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

INDOOR ☐
OUTDOOR ☐
BOTH ☐

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.91913 W: 75.68935

LICENSE #: 5
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Dare CO Animal Shelter
OWNER: Outer Banks SPCA
ADDRESS: 100 Driftwood Dr Manteo NC 27954
TELEPHONE: (252) 475-5620
VMO Hunter
COUNTY Dare

Number of Primary Enclosures 32 Animals Present: Dogs 30 Cats 78

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
- ☒ 27. Signature (boarding kennel)
- ☒ 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: 8/4/10 MB Time: 3:45

J.E. B[illegible]
Inspector's Signature

Marietta Alford
Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE SECTION,
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 5
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Dare Co Animal Shelter
OWNER: _____
ADDRESS: _____
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I performed an annual inspection today. There were no inadequacies I observed.	
	The records looked good.	
	I also performed a Euthanasia Inspection. The CET performed Euthanasia on some animals and it was acceptable.	
	The manual is complete.	

X APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 8/4/10 Time: 2:15p

J. [illegible]
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: OBSPCA / Dare Co Animal Shelter

City: Manteo | License number (if currently licensed): 5 | license type:

Duties of a CET

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

Euthanasia by Injection

IC only on anesth. or sedated .0501
Acceptable

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

Extraordinary methods

Reports of extraordinary euth. .0705
Acceptable

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

Signature of inspector | 8/4/10 date | page 1 of 3 | Signature of management