| 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:** 35.52884 **W:** 80.32444

**LICENSE #:** 62
**TYPE FACILITY:** Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
**BUSINESS NAME:** Davie Co Animal Shelter
**OWNER:**
**ADDRESS:** 465 Eaton Rd Mocksville
**TELEPHONE:** (336) 477-4329
**VMO** Hunter
**COUNTY** Davie

**Number of Primary Enclosures** 23 **Animals Present: Dogs** 17 **Cats** 6

**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. A 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. A Signature (boarding kennel)
- ☒ 28. A 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: 10/18/09 MB Time: 8:27

Sheeley J. Swann
**Inspector's Signature**

Christie Glass
**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: Davie Co Animal Shelter

City: Mocksville | License number (if currently licensed): 62 | license type: Shelter

## 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 |
|---|
| N/A |

## 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 |
|---|---|---|---|
| Acceptable | Acceptable | Acceptable | Acceptable |

| Not used on < 16 weeks .0602 | Not used on pregnant .0602 | Not used on near death .0602 | No live with dead .0603 |
|---|---|---|---|
| Acceptable | Acceptable | Acceptable | Acceptable |

| Animals separated .0604 | At least 1 viewport .0605 | Chamber in good order .0605 | Airtight seals present .0605 |
|---|---|---|---|
| Acceptable | Acceptable | Acceptable | Acceptable |

| Light shatterproof .0605 | Chamber sufficiently lit .0605 | Electrical explosion-proof .0605 | If inside, two CO monitors .0605 |
|---|---|---|---|
| Acceptable | Acceptable | Acceptable | ~~Accep~~ N/A |

| Records of monthly inspection .0606 | Records of yearly inspection .0606 | Visual inspection by AWS |
|---|---|---|
| Acceptable | Acceptable | Acceptable |

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

## Extraordinary methods

| Reports of extraordinary euth. .0705 |
|---|
| N/A |

## 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 Has been ordered | 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: [signature] date: 11/15/07 page 2 of 2 Signature of management: Christie Glass