Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up 1/7/10
(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: 36.07608 **W:** 79.43521

LICENSE #: 96
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: SPCA of the Triad
OWNER:
ADDRESS: 3163 Hines Chapel Rd Greensboro
TELEPHONE: (336) 375-3222
VMO Hunter
COUNTY Guilford

Number of Primary Enclosures 60 **Animals Present: Dogs** 18 **Cats** 20

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: 1/21/10 Time: 11:00

Shelley Swain
Inspector's Signature

Vicki Akers
Owner/Authorized Agent's Signature

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

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 #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: SPCA of The Triad
OWNER: _____
ADDRESS: _____
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Doors have been added to restrict animals movement to offices and surgery suite -	
	Organization is greatly improved - more work needed -	
	Euthanasia manual is complete and accessable	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 1/21/10 Time: 11:00

Sheila J. Swan
Inspector's Signature

Vicki Akers
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: SPCA of the Triad

City: Greensboro | License number (if currently licensed): 96 | license type: Shelter

Duties of a CET

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

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	

Extraordinary methods

Reports of extraordinary euth. .0705

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: 1/21/10 page 3 of 3 Signature of management: [signature]