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

DA&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 ☒

(Entered)

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.35272 **W:** 82.50062

LICENSE #: 52
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Henderson Co. Animal Services
OWNER: Henderson Co.
ADDRESS: 828 Stoney Mnt. RD
TELEPHONE: (828) 697-4723
VMO Hunter
COUNTY Henderson

Number of Primary Enclosures 38 **Animals Present: Dogs** 39 **Cats** 28

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: 8-4 Time: 4:45

Gary Stancy
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: Henderson Co. Animal Services

City: Henderson Co. License number (if currently licensed): 52 license type:

Duties of a CET

Prepare animals for euthanasia .0418: ✓ Adequate	Properly record all data .0418: ✓ Adequate	Security, controlled substances .0418: ✓ Adequate
Supervise Prob. CET .0418: NA Not App	Properly euthanize .0418: ✓ Adequate	Properly dispose of dead .0418: ✓ Adequate

Euthanasia by Injection

IC only on anesth. or sedated .0501: ✓ Adequate

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: Adequate

Policy and procedure manual

Current copy of AWA in manual .0803: ✓ Adequate	Current AVMA euth. in manual .0803: ✓ Adequate	Current HSUS euth. in manual .0803: ✓ Adequate	Current AHA euth. in manual .0803: Inadequate
List of approved euth. methods .0803: ✓ Adequate	List of CETs & methods .0803: ✓ Adequate	Contact info for DVM in PVC .0803: ✓ Adequate	Contact info for DVM care . 0803: ✓ Adequate
List after hour euth. meth. 0803: ✓ Adequate	Euth. methods if no CET present 0803: Adequate	Policy for verifying death . 0803: ✓ Adequate	Contact info for suppliers. 0803: ✓ Adequate
DEA certificate . 0803: ✓ Adequate	MSDS sheets, chemical or gas . 0803: Not App	MSDS sheets, tranq. or anesth. . 0803: ✓ Adequate	Signs & symptoms, human . 0803: ✓ Adequate
First aid information . 0803: ✓ Adequate	MD contact information . 0803: ✓ Adequate		

Signature of inspector: [signature] date: 9-4-09 page 1 of 2 Signature of management: [signature]

CDA&CS, VETERINARY DIVISIO
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 #: 52
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Henderson Co Animal Services
OWNER: Henderson Co.
ADDRESS: 828 Stoney Mnt. RD Hendersonville N.C.
TELEPHONE: (828) 697-4723

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	(Euthanasia Report)	
	* Current AHA Manual was not in place at time of inspection.	
	All other Contact Info such as Suppliers, MSDS, First Aid, list of Cet's And All other manuals AWA, AVMA and HSUS were in place.	
	Security of controlled substances was in very good order with Suppy of Drugs in floor Safe and Daily use in Double locked Cabinet.	
	3- Cets performed Euthanasia determing weight of animal, Scanning Animals and properly Dosing.	
	Very Profess. Anl, and Knowladgeable Staff All animals were in a controled Environment And were handled in a very humane way.	
	#7 page 1 - Work Still continuing on floors + walls within facility. See last Inspection	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 9-4 Time: 4:45

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner