Type of Inspection
New ☐ _____
Annual ☒ _____
Follow-Up _____
(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: 35.80102 **W:** 82.64933

LICENSE #: 113
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Madison Co Animal Service
OWNER: Madison Co. Sam Lunsford - Director
ADDRESS: 289 Long Branch RD, Marshall N.C. 28753
TELEPHONE: (828) 649-3190
VMO Hunter
COUNTY Madison

Number of Primary Enclosures 44 **Animals Present: Dogs** 43 **Cats** 34

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: 9/29/09 Time: 2:30

Gary Stamey
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: Madison County Animal Services

City: Marshall, Madison Co. License number (if currently licensed): 113 license type: 44

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

Not needed At time of Inspection

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 NA	Not used on near death .0602	No live with dead .0603
Animals separated .0604 NA	At least 1 viewport .0605	Chamber in good order .0605	Airtight seals present .0605 NA
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 NA	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: Adequate	Current AVMA euth. in manual .0803: Adequate	Current HSUS euth. in manual .0803: Adequate	Current AHA euth. in manual .0803: Adequate
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 Applicable	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: 9/29/09

Signature of management: [signature]

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 113
TYPE FACILITY: Animal Shelter (Private (Public)) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Madison Co. Animal Services
OWNER: Madison Co. (Sam Lunsford Director)
ADDRESS: 389 Long Branch RD Marshall NC 28753
TELEPHONE: (828) 649-3190

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Euthanasia Report - All sections of Policy + Procedure Manual were in place and in very good order.	
	* Part of Inspection .0418 and .0501 could not be Inspected. No Euthanasia was needed at this time Duties of All Cets and Supervision of Prob. Cets will be Inspected week of 10/5/09.	
#17	- Concrete in outside runs on Lefthand side of facility still needs to be repaired.	
#14	- Construction on and around drains in Quarantine area is still in need of Completion (60 days)	
	All areas within facility such as ceiling in Quart room, new cat enclosures, relocation in cat room and overall cleanliness of entire facility was great.	
	Complete turnaround in facility operations - 100%	

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 9/29/09 Time: 2:30

Gary Stamey
Inspector's Signature

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AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner