Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up ☒ 11/5/10
(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 ☐

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.86464 W: 77.09523

LICENSE #: 89
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Martin Co Animal Control Shelter
OWNER: Martin Co Government
ADDRESS: 1411 Landfill Rd Williamston NC
TELEPHONE: (252) 789-4316
VMO Hunter
COUNTY Martin

Number of Primary Enclosures 11 Animals Present: Dogs 7 Cats 0

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 ☒ DISAPPROVED Date: 12/10/10 Time: 11:50am

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
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RALEIGH, NC 27699-1030
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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 80
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Martin 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 a follow up inspection today. On the last inspection on 11/3/10 there were some inadequacies that needed addressing.	
	1) The shelter needed to establish a monthly check list for the C/O chamber. The county has established a monthly check list.	
	2) The county is utilizing the services of Dr. Shelton for the animals that are euthanaized by EBI.	
	3) I observed the Animal Control Officer perform euthanasia utilizing the C/O chamber and the practical was acceptable.	
	4) The euthanasia manual has not been returned by a former Animal Control Officer. The shelter will be given a disapproval until the manual is returned.	
	5) The Animal Control Officer needs to make sure the impoundment slips have the type of euthanasia performed on the slips.	
	The shelter was inspected and there was a puppy in a pen that was sick. There was bloody stool in the pen. The puppy was taken to Dr. Shelton. I talked to Dr. Shelton and advised him what I observed. I advised Dr. Shelton I thought there was parvo with-in the shelter. Dr. Shelton was going to examine the puppy. I advised the Animal Control Officer to take to Dr. Shelton because he is the veterinarian who oversees the shelter.	
	I will return in 30 days to perform a follow-up.	
	There were no cats present on todays inspection. The county is not impounding any felines at this time.	
	The county should have another employee by my next inspection. The supervisor of building maintenance is assisting the officer at this time.	

☐ **APPROVED** ☒ **DISAPPROVED** Date: 12/10/10 Time: 11:20am

J. E. Bl[illegible] — **Inspector's Signature**

Mel Holl[illegible] — **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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RALEIGH, NC 27699-1030
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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 89
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Martin Co Animal Control Shelter.
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	#7 There is one kennel that the kennel door needs repair.	
	#11 Need to remove waste at the drains behind the shelter.	
	#15 There are resting surfaces in the kennels. I would suggest placing blankets, newspaper or towels in the kennels also.	
	There are doghouses in the outside kennels.	
	I will return in 30 days to ensure these inadequacies are addressed.	

☐ **APPROVED** ☒ **DISAPPROVED** Date: 12/10/10 Time: 11:50am

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

ENTERED

Name of business: Martin Co Animal Control

City: Williamston NC | License number (if currently licensed): 89 | license type: 044

Duties of a CET

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

Euthanasia by Injection

IC only on anesth. or sedated .0501: Acceptable

Euthanasia by CO

Use only bottled gas .0601: Acceptable	Use only comm. mfd chamber .0601: Acceptable	Only same species in chamber .0601: Acceptable	In chamber for >= 20 min. .0601: Acceptable
Not used on < 16 weeks .0602: Acceptable	Not used on pregnant .0602: Acceptable	Not used on near death .0602: Acceptable	No live with dead .0603: Acceptable
Animals separated .0604: Acceptable	At least 1 viewport .0605: Acceptable	Chamber in good order .0605: Acceptable	Airtight seals present .0605: Acceptable
Light shatterproof .0605: Acceptable	Chamber sufficiently lit .0605: Acceptable	Electrical explosion-proof .0605: Acceptable	If inside, two CO monitors .0605: N/A
Records of monthly inspection .0606: Acceptable	Records of yearly inspection .0606: Acceptable	Visual inspection by AWS: Acceptable	
Chamber cleaned b/t uses .0607: Acceptable	Operational guide & or manual .0608: Acceptable	>= 2 adults present when used .0609: Acceptable	

Extraordinary methods

Reports of extraordinary euth. .0705: Acceptable

Policy and procedure manual

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

Signature of inspector: [signature] | date: 12/10/10 | page 1 of 3 | Signature of management: [signature]