Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☒ 115
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 Shelter
OWNER: Martin Co Government
ADDRESS: 1411 Landfill Rd Williamston NC 27892
TELEPHONE: (252) 792 - 6910
VMO Hawter
COUNTY Martin

Number of Primary Enclosures 11 **Animals Present: Dogs** 25 **Cats** 2

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
NA 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: 3/31/16 Time: 9:30am

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: Martin Co Animal Shelter

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

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	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
N/A	N/A	N/A	N/A

List of approved euth. methods .0803	List of CETs & methods .0803	Contact info for DVM in PVC .0803	Contact info for DVM care . 0803
N/A	N/A	N/A	N/A

List after hour euth. meth. 0803	Euth. methods if no CET present 0803	Policy for verifying death . 0803	Contact info for suppliers. 0803
N/A	N/A	N/A	N/A

DEA certificate . 0803	MSDS sheets, chemical or gas . 0803	MSDS sheets, tranq. or anesth. . 0803	Signs & symptoms, human . 0803
N/A	N/A	N/A	N/A

First aid information . 0803	MD contact information . 0803
N/A	N/A

J. E. B[illegible] — Signature of inspector

3/31/10 — date

page 1 of 2

[signature] — Signature of management

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 89
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
	On Today's date I performed a Follow-up inspection on Euthanasia.	
	On 10/1/09 I performed a Euthanasia inspection. The County utilizes both ERI and C/O. However the C/O chamber at that time did not meet the Euthanasia requirements and was taken off line. I did perform and ERI inspection and it was acceptable.	
	The County purchased a C/O chamber from another county and the chamber was refurbished. The chamber was installed and inspected by an IH and passed.	
	The inspection today will be C/O only. The C/O Euthanasia was performed and was acceptable.	
	The manual was not checked on this inspection. It was inspected on the 10/1/09 inspection and was acceptable.	
	I am also investigating a complaint filed by Ms. Jennifer Brown of PETA. Ms. Brown submitted a letter that addressed concerns at the shelter. The complaint is about overcrowding that was reportedly occurring on March 11th 2010. The complaint also alleges there were multiple dogs housed together in single outdoor runs.	
	The complaint is also that the indoor enclosures were reportedly filthy with excessive fecal matter. There was also piles of garbage and empty dog food bags within the shelter.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 5/21/10 Time: 9:30am

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	#8 Need To make sure There is a dog house For every dog housed outside. There was one outside cage housing 3 small dogs.	
	#8 Need To establish a cat holding area. The county recently started picking up cats and were not aware that they needed To establish a cat room. The cats are currently housed in The garage Area of The Shelter. The Shelter was being cleaned upon my arrival. I did not observe any over-crowding. I observed no trash build-up inside The Shelter. The Shelter was clean.	
	I will perform a follow-up. The county is in the early stages of building an office area for the employees. I suggested The county utilize The current office as a cat holding area. I advised The Director I will return in 60 days. This should allow The county To establish a cat holding room.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 3/31/10 Time: 9:30 am

J. E. B[illegible]
Inspector's Signature

[signature]
Owner/Authorized Agent's Signature

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