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: ☐☐.☐☐☐☐☐ **W:** ☐☐.☐☐☐☐☐

LICENSE #: 116
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Montgomery Co Animal Control
OWNER:
ADDRESS: 442 Landfill Rd Mt. Gilead
TELEPHONE: (910) 572-3067
VMO Hunter
COUNTY Montgomery

Number of Primary Enclosures _____ **Animals Present: Dogs** 15 **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
☒ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☒ 23. Animals' Appearance

SPECIAL ITEMS

Records
☐ 23. Description of Animals
☒ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☒ 26. Signature (boarding kennel)
☒ 27. Written permission from owner for commingling (doggie daycare)

Transportation
☒ 28. Care in Transit Discussed

Veterinary Care
☒ 28. Isolation Facility
☒ 29. No Signs of Illness/ Treated

☐ **APPROVED** ☒ **DISAPPROVED** Date: Oct 27, 2009 Time: 10:28

Shelley J. Swaim
Inspector's Signature

Lear Ernst
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: Montgomery Co Animal Control

City: Mt Gilead | License number (if currently licensed): 116 | license type: Shelter

Duties of a CET

Prepare animals for euthanasia .0418	Properly record all data .0418	Security, controlled substances .0418
Could not view	Adequate	Adequate

Supervise Prob. CET .0418	Properly euthanize .0418	Properly dispose of dead .0418
Adequate	Could not view	Adequate (Landfill)

Euthanasia by Injection

IC only on anesth. or sedated .0501
Could not view

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
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
Inadequate	Inadequate	Inadequate	Inadequate

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

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

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

First aid information .0803	MD contact information . 0803
Inadequate	Inadequate

Shelley J. Swann Oct 27, 2009 — Signature of inspector / date

page 2 of 3

Lee Ernst — Signature of management

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 116
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Montgomery Co Animal Control
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Euthanasia There were no animals available for euthanasia - Euthanasia could not be verified There was no policy and procedure manual.	
(1) (2)	Gates on front enclosures are made from expanded metal which is rusted and corroded making sanitation difficult - Repaint	
	Concrete flooring is damaged and unsealed repair and reseal.	
(15) (16) (18)	Overall sanitation is poor - Clean and organize euthanasia area and grounds -	
	Grass and weeds are in excess of 2 ft - mow and maintain	
(1)	Perimeter fencing is damaged - Repair	
(23)	Animal coming from Troy lack breed in original description records - add breed to description	
(23)	Add age to Co. and Troy origin records	
(25)	Add addresses to disposition records as they pertain RTOs and adoptions	

☐ APPROVED ☐ CONDITIONALLY APPROVED ☒ DISAPPROVED Date: 10/27/07 Time: 10:25

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner