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: 35.62697 **W:** 80.48422

LICENSE #: 36
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Rowan Co Animal Shelter
OWNER: Rowan Health Dept
ADDRESS: 1465 Julian Salisbury
TELEPHONE: (704) 216-7772
VMO Hunter
COUNTY Rowan

Number of Primary Enclosures _____ **Animals Present: Dogs** 50 **Cats** 68

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
☒ 24. Description of Animals
☒ 25. Records/Vet Treatment
☒ 26. Origin/Disposition
~~☒ 27. Signature (boarding kennel)~~
~~☒ 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: 6/9/10 Time: 09:20

Sheley J. Swan
Inspector's Signature

Diana C. Pupp
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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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 36
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Rowan Co Animal Shelter
OWNER:
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Raised resting surfaces have been added to cat enclosures housing 2 or more cats.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 6/9/10 Time: 09:30

Shelley Swan
Inspector's Signature

Frances C. Rippy
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: Rowan Co Animal Shelter

City: Salisbury | License number (if currently licensed): 34 | license type: Shelter

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
Acceptable	Acceptable	Acceptable

Euthanasia by Injection

IC only on anesth. or sedated .0501
Acceptable

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	~~Gas~~ 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
Acceptable	Acceptable	Acceptable	Acceptable

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

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

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

First aid information . 0803	MD contact information . 0803
Acceptable	Acceptable

Signature of inspector: [signature] date: 6/9/10 page 3 of 3 Signature of management: Seana C. Lipp