

**Type of Inspection**  
 New  \_\_\_\_\_  
 Annual  \_\_\_\_\_  
 Follow-Up \_\_\_\_\_  
 (Prev. Inspection Date)  
 Complaint  \_\_\_\_\_  
 Courtesy  \_\_\_\_\_  
 Random  Euth.

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: 35.19439 W: 82.79391

LICENSE #: 90  
 TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction   
 BUSINESS NAME: Transylvania Co. Animal Services  
 OWNER: Transylvania Co. (Chuck Byrd)  
 ADDRESS: Ross Road, Brevard NC  
 TELEPHONE: (828) 883-3713  
 VMO Hunter  
 COUNTY Transylvania

Number of Primary Enclosures 24 Animals Present: Dogs 4 Cats 1

**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: 7/6/11 Time: 11:05

Mary Stoney  
 Inspector's Signature

Charles W. Byrd JR  
 Owner/Authorized Agent's Signature

Name of business Transylvania Co. Animal Services

City Brevard

License number (if currently licensed) 90

license type 44

**Duties of CET**

Prepare animals for euthanasia .0418 Adequate Properly record all data .0418 Adequate Security, controlled substances .0418 Adequate

Supervise Prob. CET .0418 N/A Properly euthanize .0418 Adequate Properly dispose of dead .0418 Adequate

**Euthanasia by Injection**

IC only on anesth. or sedated .0501 Adequate

**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 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 Adequate MSDS sheets, tranq. or anesth. .0803 Adequate Signs & symptoms, human .0803 Adequate

First aid information .0803 Adequate MD contact information .0803 Adequate

Mary Stany  
Signature of inspector

7/6/11  
date

Andrew B. Dill  
Signature of manager

