**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** ☐

ENTERED

# ANIMAL WELFARE INSPECTION

**GPS Coordinates - N:** 36.30124 **W:** 78.45485

**LICENSE #:** 49
**TYPE FACILITY: Animal Shelter (Private/Public)** ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** Vance Co Animal Control
**OWNER:** Vance Co Government
**ADDRESS:** 165 Vance Academy Rd Henderson NC
**TELEPHONE:** (252) 492-3136
**VMO** Hunter
**COUNTY** Vance

**Number of Primary Enclosures** 31 **Animals Present: Dogs** 30 **Cats** 13

**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: 7/19 Time: 11:20am

**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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# ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

**LICENSE #:** 49
**TYPE FACILITY:** Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
**BUSINESS NAME:** Vance Co Animal Shelter
**OWNER:**
**ADDRESS:**
**TELEPHONE:** (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | #7- Need to replace material that dogs and puppies rest on. I observed a blanket in a puppy pen with feces on same. | |
| | #7 Need (1) dog house for every dog outside. There are (5) dogs in one large pen but only (3) doghouses. | |
| | #9 Need to keep the temperature with-in the kennel 50° to 85° Need to also install thermoniters also. | |
| | #14 Need to change all resting material | |
| | #17 Need to control the fly infestation. | |
| | #18 - If the area in the front of the shelter is utilized as a play or walk area for dogs the bared int needs to be covered. Can utilize 6" of gravel, concrete or a good stand of grass. | |
| | #31 - I observed a black & white female dog with her breasts full of milk. I inquired about her puppies and was advised the puppies died. The mother dog needs to be looked at by a veterinarian. The female dog needs to have the milk removed. It looked like the breasts were hardening. | |
| | * Need to replace chewed up plastic water buckets. | |
| | I performed a euthanizia inspection on 11/3/09. The shelter only utilizes C/O. The puppies, kittens, sick and injured are euthanized by Dr. Coude of West Hills Veterinary hospital. | |

☐ **APPROVED** ☒ **DISAPPROVED** Date: 7/7/10 Time: 1:25pm

**Inspector's Signature** **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07 White= Office Canary= Inspector Pink= Owner

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# ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

**LICENSE #:** 49
**TYPE FACILITY:** Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
**BUSINESS NAME:** Vance Co Animal Shelter
**OWNER:**
**ADDRESS:**
**TELEPHONE:** (_____)_____-_____

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | I didn't perform a euthanasia inspection on Todays visit. There were no Animals to be euthanized. | |
| | I observed the C/O tanks were not secured and this needs to be completed ASAP. The tanks were secured while I was doing my report. | |
| | I inquired about the monthly inspection sheet for the chamber and the manager could not locate the book. This needs to be found and I will look at same on my next visit. | |
| | I will return in 30 days for re-inspection. | |

☐ **APPROVED** ☒ **DISAPPROVED** Date: 7/7/10 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

Name of business: Vance Co Animal Shelter

City: Henderson NC | License number (if currently licensed): 49 | license type: 044

## Duties of a CET

| | | |
|---|---|---|
| Prepare animals for euthanasia .0418: Acceptable | Properly record all data .0418: Acceptable | Security, controlled substances .0418: N/A |
| 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: N/A

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

[signature] Signature of inspector | 7/7/10 date | page 1 of 2 | [signature] Signature of management