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: 35.76158 W: 77.96072

LICENSE #: 82
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Wilson Co Animal Shelter
OWNER: Wilson Co Sherriffs Dept
ADDRESS: 4001 Airport Rd Wilson NC
TELEPHONE: (252) 291-8142
VMO Hunter
COUNTY Wilson

Number of Primary Enclosures 20 Animals Present: Dogs 20 Cats 18

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: 3/4/10 Time: 2:20pm

J. E. [signature]
Inspector's Signature

Major C. M. Harris
Owner/Authorized Agent's Signature

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

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 82
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Wilson Co Animal Shelter
OWNER:
ADDRESS:
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
*	Euthanasia Follow-up	
	The County purchased a C/O Chamber to replace the old Chamber. The Chamber has been inspected and is now operational. I observed Euthanasia being performed by staff. The C/O Chamber is commercially manufactured and has been inspected and approved for usage by an Industrial Hygenist.	
	I observed a Euthanasia utilizing the C/O Chamber and it was acceptable.	
	I also performed a courtesy inspection and I observed no inadequacies	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 3/4/10 Time: 2:30pm

J. E. Rhyne
Inspector's Signature

Major Com. Harris
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: Wilson Co Animal Shelter

City: Wilson NC | License number (if currently licensed): 82 | license type:

Duties of a CET

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

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: N/A	Chamber sufficiently lit .0605: Acceptable	Electrical explosion-proof .0605: Acceptable	If inside, two CO monitors .0605: Acceptable
Records of monthly inspection .0606: Acceptable	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: Acceptable	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 of inspector: J. E. [illegible] | date: 3/4/10 | page 1 of 2 | Signature of management: Major C. M. [illegible]