Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☒ 3-22-10 Eth.

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: 35.30735 **W:** 79.41536

LICENSE #: 18
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Moore County Animal Shelter
OWNER: Moore Co. Government
ADDRESS: 5235 Hwy 15501 Carthage NC 28327
TELEPHONE: (910) 947-2858
VMO Hunter
COUNTY Moore

Number of Primary Enclosures 100 **Animals Present: Dogs** 34 **Cats** 10

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: 3-22-10 Time: 10:00am

E. Le
Inspector's Signature

Brooke Nelson
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: Moore County Animal Shelter

City: Carthage NC

License number (if currently licensed): 18

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: N/A

Euthanasia by CO

Use only bottled gas .0601: N/A	Use only comm. mfd chamber .0601: N/A	Only same species in chamber .0601: N/A	In chamber for >= 20 min. .0601: N/A
Not used on < 16 weeks .0602: N/A	Not used on pregnant .0602: N/A	Not used on near death .0602: N/A	No live with dead .0603: N/A
Animals separated .0604: N/A	At least 1 viewport .0605: N/A	Chamber in good order .0605: N/A	Airtight seals present .0605: N/A
Light shatterproof .0605: N/A	Chamber sufficiently lit .0605: N/A	Electrical explosion-proof .0605: N/A	If inside, two CO monitors .0605: N/A

Records of monthly inspection .0606: N/A	Records of yearly inspection .0606: N/A	Visual inspection by AWS: N/A

Chamber cleaned b/t uses .0607: N/A	Operational guide & or manual .0608: N/A	>= 2 adults present when used .0609: N/A

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		

E. Dorne — Signature of inspector

3-22-10 — date

Brooke Nelson — Signature of management

NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION,
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 18
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Moore County Animal Shelter
OWNER:
ADDRESS: (CONT)
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I performed a euthanasia inspection today on this facility as well as a random inspection.	
	☆ Euthanasia: Is performed at this facility by EBI only. I observed (1) K-9 & (1) feline euthanised by (IV) using Sodium Pentobarbital. CET was Craig Rogers his assistant was CET Brooke Nelson Procedure was performed to standards today & death was verified by (1) lack of respirations, (2) Cardiac stand still, & (3) lack of ocular reflex.	
	Facility Does house their own drugs on-site to include Fatal Plus, Xylazine, & Ketamine. DEA Licence is current. All Drugs are kept behind triple locks.	
	☆ Facility Inspection:	
	#4- Cinder Block walls are in need of being resealed & repainted.	
	- Caulk is needed at base of Floors + walls.	
	- Continue to keep cracks sealed as necessary.	
	☆ There needs to be a thermoter placed in each room that houses animals.	
	☆ Metal beams in K-9 Holding area are starting to rust at bottom - Repaint.	
	☆ Ceiling in K-9 Viewing & K-9 Quarentine are peeling at vent point - Repair/repatch.	

☒ APPROVED ☐ ~~CONDITIONALLY APPROVED~~ ☐ DISAPPROVED Date: 3-22-10 Time: 10am

E. Harr
Inspector's Signature

Brooke Nelson
Owner/Authorized Agent's Signature

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