ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34°5'18.78" W: 81°3'44.67"

LICENSE #: 79
TYPE FACILITY: Animal Shelter (Private/Public)
BUSINESS NAME: 
OWNER: 
ADDRESS: 
TELEPHONE: (919) 867-4040
VMO
COUNTY: "City"

Number of Primary Enclosures: 25
Animals Present: Dogs 25, Cats 16

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
- 3. Lighting
- 4. Ceiling, Wall, Floors
- 5. Storage
- 6. Water Drainage

Primary Enclosures
- 7. Structure & Repair
- 8. Space
- 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  □ DISAPPROVED

Date: April 19, 2001 Time: 14:00

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 Section
**NC Department of Agriculture and Consumer Services**

**1030 Mail Service Center**
**Raleigh, NC 27699-1030**

**Contact Information:**
- Phone: (919) 715-7111
- Fax: (919) 733-6431
- Email: agr.aws@ncagr.gov
- URL: www.ncaws.com

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**Euthanasia Inspection Report**

<table>
<thead>
<tr>
<th>Name of Business</th>
<th>License Number (If Currently Licensed)</th>
<th>License Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Caspian Animal Control]</td>
<td>19</td>
<td>Shelter</td>
</tr>
</tbody>
</table>

#### Prepare animals for euthanasia
- Properly record all data: **Acceptable**
- Security, controlled substances: **Acceptable**
- Properly euthanize: **Acceptable**
- Properly dispose of dead: **Acceptable**

#### Supervise Prob. CET
- Properly record all data: **Acceptable**
- Security, controlled substances: **Acceptable**
- Properly euthanize: **Acceptable**
- Properly dispose of dead: **Acceptable**

#### Use only bottled gas
- Only same species in chamber: **Acceptable**
- In chamber for >= 20 min.: **Acceptable**

#### Not used on < 16 weeks
- Not used on pregnant: **Acceptable**
- Not used on near death: **Acceptable**

#### Animals separated
- Not used on < 16 weeks: **Acceptable**
- Not used on pregnant: **Acceptable**

#### Light shatterproof
- Chamber sufficiently lit: **Acceptable**
- Electrical explosion-proof: **Acceptable**
- If inside, two CO monitors: **Acceptable**

#### IC only on anesth. or sedated
- For manual: **Acceptable**

#### Chamber cleaned &/or uses
- Chamber cleaned &/or uses: **Acceptable**
- Operational guide & manual: **Acceptable**

#### Reports of extraordinary euth.
- Reports of extraordinary euth.: **n/a**

#### Current copy of AWA in manual
- Current copy of AWA in manual: **Acceptable**
- Current AVMA euth. in manual: **Acceptable**
- Current HSUS euth. in manual: **Acceptable**
- Current AHA euth. in manual: **Acceptable**

#### List of approved euth. methods
- List of approved euth. methods: **Acceptable**
- List of CETs & methods: **Acceptable**
- Contact info for DVM in PVC: **Acceptable**

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

#### DEA certificate
- DEA certificate: **Acceptable**
- MSDS sheets, chemical or gas: **Acceptable**
- MSDS sheets, trans. or anesth.: **Acceptable**
- Signs & symptoms, human: **Acceptable**

#### First aid information
- First aid information: **Acceptable**
- MD contact information: **Acceptable**

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**Signature of Inspector:** [Signature]  
**Date:** April 19, 2011  
**Page:** 3 of 3  
**Signature of Management:** [Signature]
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 19
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME:  Cash & Carry  Control
OWNER: 
ADDRESS:  
TELEPHONE:  

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inside kennels - replace or paint rusted expanded and damaged element</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Flooring has been painted but is beginning to chip - reseal as needed</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Replace accessories as they become damaged</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED  DISAPPROVED  Date: April 19, 2011 Time: 14:00 16:00

Shelley Smith  L. Fred
Inspector's Signature  Owner/Authorized Agent's Signature

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

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