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

GPS Coordinates - N: 36° 51' 18.7" W: 81° 34' 60.7"

LICENSE #: 79
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Ashe Co Animal Shelter
OWNER: [Signature]
ADDRESS: 747 E. Ash St., Example
TELEPHONE: (336) 982-4060
VMO Hunter
COUNTY: Ashe

Number of Primary Enclosures: 45
Animals Present: Dogs 27, Cats 14

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
☑ 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
 accents
☑ 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: Aug 10, 2010 Time: 09:30 - 13:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 3
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 #:  79  
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □  
BUSINESS NAME:  
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></td>
<td>Euthanasia. Mising Euthanasia of 4 adult cat and 3 kittens. This is failure of proper euthanasia.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All equipment, euthanasia was performed properly and humanely.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Death was recorded. Two cats were properly disposed of. Euthanasia manual was complete</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Except for euthanasia section of the guide and the complete euthanasia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manual was updated and manual  ordered at time of inspection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Metal dog leading from main kennel area to offices was chipped rusted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and corroded. Replace/repair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inside kennels - replace or paint rusted chain link</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Floor is beginning to chip and peel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rust is present making impermeable to moisture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weeds and grass growing near and through perimeter fencing - more frequent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Replace food/water receptacles as they become damaged</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ DISAPPROVED  Date: Aug 10, 2010  Time: 09:30-13:00

Inspector’s Signature: [Signature]  Owner/Authorized Agent’s Signature: [Signature]

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

PAGE 2 OF 3
Animal Welfare Section
NC Department of Agriculture and Consumer Services
1030 Mail Service Center
Raleigh, NC 27699-1030

Animal Welfare Section, NCDA&CS
Euthanasia Inspection Report

Name of business: Ashe Co Animal Shelter
City: Crumpler
License number (if currently licensed): 79
License type: Shelter

Duties of a CET
Prepare animals for euthanasia 0.418
Properly record all data 0.418
Security, controlled substances 0.418
Acceptable
Acceptable
Acceptable

Supervise Prob. CET 0.418
Properly euthanize 0.418
Properly dispose of dead 0.418
Acceptable
Acceptable

Euthanasia by Injection
IC only on anesth. or sedated 0.501
Not reviewed

Euthanasia by CO
Use only bottled gas 0.601
Use only comm. mfd chamber 0.601
Only same species in chamber 0.601
In chamber for >= 20 min. 0.601
Acceptable
Acceptable
Acceptable
Acceptable

Not used on < 16 weeks 0.602
Not used on pregnant 0.602
Not used on near death 0.602
No live with dead 0.603
Acceptable
Acceptable
Acceptable
Acceptable

Animals separated 0.604
At least 1 viewport 0.605
Chamber in good order 0.605
Airtight seals present 0.605
Acceptable
Acceptable
Acceptable
Acceptable

Light shatterproof 0.605
Chamber sufficiently lit 0.605
Electrical explosion-proof 0.605
If inside, two CO monitors 0.605
Acceptable
Acceptable
Acceptable
Acceptable

Records of monthly inspection 0.606
Records of yearly inspection 0.606
Visual inspection by AWS
Acceptable
Acceptable
Acceptable

Chamber cleaned b/t uses 0.607
Operational guide & or manual 0.608
>= 2 adults present when used 0.609
Acceptable
Acceptable
Acceptable

Extraordinary methods

Reports of extraordinary euth. 0.705
Not reviewed

Policy and procedure manual
Current copy of AWA in manual 0.803
Current AVMA euth. in manual 0.803
Current HSUS euth. in manual 0.803
Current AHA euth. in manual 0.803
Acceptable
Acceptable
Acceptable
Acceptable

List of approved euth. methods 0.803
List of CETs & methods 0.803
Contact info for DVM in PVC 0.803
Contact info for DVM care 0.803
Acceptable
Acceptable
Acceptable
Acceptable

List after hour euth. meth. 0.803
Euth. methods if no CET present 0.803
Policy for verifying death 0.803
Contact info for suppliers. 0.803
Acceptable
Acceptable
Acceptable
Acceptable

DEA certificate 0.803
MSDS sheets, chemical or gas 0.803
MSDS sheets, tranq. or anesth. 0.803
Signs & symptoms, human 0.803
Acceptable
Acceptable
Acceptable
Acceptable

First aid information 0.803
MD contact information 0.803
Acceptable
Acceptable

Signature of inspector: [Signature]
Date: 10/25/2006
Page 3 of 3
Signature of management: [Signature]