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' 56" W: 81° 36' 53"

LICENSE #: 79
TYPE FACILITY: Animal Shelter (Private/Public) X  Boarding Kennel □  Pet Shop □  Public Auction □
BUSINESS NAME: Ashe County Animal Shelter
OWNER: Ashe Co.
ADDRESS: 767 Fred Pugh RD Crumpler NC
TELEPHONE: (336) 982-4060
VMO Hunter
COUNTY Ashe

Number of Primary Enclosures 35  Animals Present: Dogs 12  Cats 4

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 X
2. Ventilation & Temp. X
3. Lighting X
4. Ceiling, Wall, Floors X
5. Storage X
6. Water Drainage

Primary Enclosures
7. Structure & Repair X
8. Space X
10. Adequate Shelter

SANITATION
11. Waste Disposal X
12. Odor X
13. Ceiling, Wall, Floors
14. Primary Enclosures
15. Equipment & Supplies
16. Washrooms, Sinks, Basins
17. Insect/Vermin Control
18. Building & Grounds

SPECIAL ITEMS

HUSBANDRY
19. Adequate Feed/Water X
20. Food Storage X
21. Personnel X
22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
23. Animals’ Appearance

RECORDS
24. Description of Animals X
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: 2/12/10 Time: 1:54

Mary Stang
Inspector’s Signature

J. A. Jones
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

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: Ashe County Animal Shelter
City: Croupler
License number (if currently licensed): 79  license type: 44

Duties of CET

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

Supervise Prob. CET .0418
Properly euthanize .0418
Properly dispose of dead .0418
Not Applicable  Adequate  Adequate

Euthanasia by Injection

IC only on anesth. or sedated .0501
Adequate

Euthanasia by CO

Use only bottled gas .0601
Use only comm. mfd chamber .0601
Only same species in chamber .0601
Adequate
In chamber for > 20 min. .0601

Not used on < 16 weeks .0602
Not used on pregnant .0602
Not used on near death .0602
No live with dead .0603

Animals separated .0604
At least 1 viewport .0605
Chamber in good order .0605
Light shatterproof .0605
Chamber sufficiently lit .0605
Chamber explosion proof .0605
Airtight seals present .0605

Records of monthly inspection .0606
Records of yearly inspection .0606
Visual inspection by AWS

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

Extraordinary methods

Reports of extraordinary euth. .0705
Adequate

Policy and procedure manual

Current copy of AWA in manual .0803
Adequate
Current AVMA euth. in manual .0803
Adequate
Current HSUS euth. in manual .0803
Adequate
Current AHA euth. in manual .0803
Adequate

List of approved euth. methods .0803
Adequate
List of CETs & methods .0803
Adequate
Contact info for DVM in PVC .0803
Adequate
Contact info for DVM care .0803
Adequate

List after hour euth. meth .0803
Adequate
Euth. methods if no CET present .0803
Adequate
Policy for verifying death . 0803
Adequate
Contact info for suppliers . 0803
Adequate

DEA certificate .0803
Adequate
MSDS sheets, chemical or gas .0803
Adequate
MSDS sheets, tranq. or anesth. .0803
Adequate
Signs & symptoms, human .0803

First aid information .0803
Adequate
MD contact information .0803
Adequate

Mary Stoney  2-12-10
Signature of Inspector  date

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Signature of management
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

<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>
</table>

- Euthanasia: A report on 2-12-2010. 4 euthanasia techs performed euthanasia on 4 adult dogs. 3 were sedated and IV was performed. IV was properly administered. Each was properly euthanized, each was verified dead (heartbeat, eyeblinks), each was properly disposed of. All drugs were properly secured and properly recorded.

- As of 2-12-2010 no CO2 is being used. New chamber is to be delivered week of 2-15-2010, then installed, and inspected.

- Policy and Procedure Manual was in place and all items within manual were in place.

- Older facility - but very clean and well maintained for its age.

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**APPROVED**  **CONDITIONALLY APPROVED**  **DISAPPROVED**  

**Mary Sturgis**  
Inspector’s Signature  

**J.A. Jones**  
Owner/Authorized Agent’s Signature  

Date: 2/12/10  Time: 1:54