

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

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.01220 W: 81.95973

LICENSE #: 6
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Avery Co. Humane Society
 OWNER: Avery Co. Humane Society
 ADDRESS: 1824 Stamey Branch Rd. Newland N.C.
 TELEPHONE: (828) 733-6312
 VMO Hunter
 COUNTY Avery

Number of Primary Enclosures 38 Animals Present: Dogs 39 Cats 32

**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 (outside)
- 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: 1-14-10 Time: 2:00

Mary Stamy
 Inspector's Signature

Carolyn Bellon
 Owner/Authorized Agent's Signature

phone: (919) 715-7111 FAX: (919) 733-6431
 e-mail: agr.aws@ncagr.gov URL: www.ncaws.com

Name of business
 City License number (if currently licensed) license type

Duties of a CET

Prepare animals for euthanasia .0418
 Properly record all data .0418
 Security, controlled substances .0418
 Supervise Prob. CET .0418
 Properly euthanize .0418
 Properly dispose of dead .0418

No euthanasia needed at this inspection

Euthanasia by Injection

IC only on anesth. or sedated .0501

Euthanasia by CO

~~Use only bottled gas .0601~~
~~Use only comm. mfd chamber .0601~~
~~Only same species in chamber .0601~~
~~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~~
~~Airtight seals present .0605~~
~~Light shatterproof .0605~~
~~Chamber sufficiently lit .0605~~
~~Electrical explosion-proof .0605~~
~~If inside, two CO monitors .0605~~
~~Records of monthly inspection .0606~~
~~Records of yearly inspection .0606~~
~~Visual inspection by AWS~~
~~Chamber cleaned b/t uses .0607~~
~~Operational guide & or manual .0608~~
~~>= 2 adults present when used .0609~~

Extraordinary methods

Reports of extraordinary euth. .0705

Policy and procedure manual

Current copy of AWA in manual .0803 <input type="text" value="Adequate"/>	Current AVMA euth. in manual .0803 <input type="text" value="Adequate"/>	Current HSUS euth. in manual .0803 <input type="text" value="Adequate"/>	Current AHA euth. in manual .0803 <input type="text" value="Adequate"/>
List of approved euth. methods .0803 <input type="text" value="Adequate"/>	List of CETs & methods .0803 <input type="text" value="Adequate"/>	Contact info for DVM in PVC .0803 <input type="text" value="Adequate"/>	Contact info for DVM care .0803 <input type="text" value="Adequate"/>
List after hour euth. meth. 0803 <input type="text" value="Adequate"/>	Euth. methods if no CET present 0803 <input type="text" value="Adequate"/>	Policy for verifying death .0803 <input type="text" value="Adequate"/>	Contact info for suppliers .0803 <input type="text" value="Adequate"/>
DEA certificate .0803 <input type="text" value="Adequate"/>	MSDS sheets, chemical or gas .0803 <input type="text" value="Adequate"/>	MSDS sheets, tranq. or anesth. .0803 <input type="text" value="Adequate"/>	Signs & symptoms, human .0803 <input type="text" value="Adequate"/>
First aid information .0803 <input type="text" value="Adequate"/>	MD contact information .0803 <input type="text" value="Adequate"/>		

Mary Starny
 Signature of inspector

1-14-2010
 date

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Charles Brown
 Signature of management

