

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:

W:

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

Number of Primary Enclosures 38 Animals Present: Dogs 37 Cats 28

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 - PARVO

APPROVED DISAPPROVED

Date: 2-24-2011 Time: 1:20

Mary Stump
 Inspector's Signature

Chadwick
 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 <input type="text"/>	Properly record all data .0418 <input type="text" value="Adequate"/>	Security, controlled substances .0418 <input type="text" value="Adequate"/>	NO Euthanasia needed AT time of Inspection
Supervise Prob. CET .0418 <input type="text"/>	Properly euthanize .0418 <input type="text"/>	Properly dispose of dead .0418 <input type="text"/>	

Euthanasia by Injection

IC only on anesth. or sedated .0501

Euthanasia by CO

Use only bottled gas .0601 <input type="text"/>	Use only comm. mfd chamber .0601 <input type="text"/>	Only same species in chamber .0601 <input type="text"/>	In chamber for >= 20 min. .0601 <input type="text"/>
Not used on < 16 weeks .0602 <input type="text"/>	Not used on pregnant .0602 <input type="text"/>	Not used on near death .0602 <input type="text"/>	No live with dead .0603 <input type="text"/>
Animals separated .0604 <input type="text"/>	At least 1 viewport .0605 <input type="text"/>	Chamber in good order .0605 <input type="text"/>	Airtight seals present .0605 <input type="text"/>
Light shatterproof .0605 <input type="text"/>	Chamber sufficiently lit .0605 <input type="text"/>	Electrical explosion-proof .0605 <input type="text"/>	If inside, two CO monitors .0605 <input type="text"/>
Records of monthly inspection .0606 <input type="text"/>	Records of yearly inspection .0606 <input type="text"/>	Visual inspection by AWS <input type="text"/>	
Chamber cleaned b/t uses .0607 <input type="text"/>	Operational guide & or manual .0608 <input type="text"/>	>= 2 adults present when used .0609 <input type="text"/>	

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"/>		

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
#7	Areas within facility that need and will need general maintenance, such as paint and concrete repair and also making sick room more impervious to moisture & Disease control. Although there are some areas that need general maintenance construction of new ACHS is under way and should be complete by Nov. 2011.	
* 3	* 3 puppies at the shelter on 2-24-11 were being treated for Parvo. * NO Euthanasia was needed at time of inspection, but all previous records were in order, all drugs were secure, and all drug logs were in order. Policy & Procedure Manual was in order as well.	
	→ Behind puppy enclosure at door.	

APPROVED DISAPPROVED Date: 2-24-2011 Time: 1:20

Mary Stary _____ Charmelle _____
 Inspector's Signature Owner/Authorized Agent's Signature