<table>
<thead>
<tr>
<th>Name of business</th>
<th>Black, County Animal Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>...</td>
</tr>
<tr>
<td>License number (if currently licensed)</td>
<td>CS 85</td>
</tr>
<tr>
<td>License type</td>
<td>44</td>
</tr>
</tbody>
</table>

### Duties of a CET

- Prepare animals for euthanasia: No
- Properly record all data: No
- Security, controlled substances: No
- Supervise Prob. CET: No
- Properly euthanize: No
- Properly dispose of dead: No

### Euthanasia by Injection

- IC only on anesth. or sedated: No

### Euthanasia by CO

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

### Extraordinary methods

- Reports of extraordinary euth.: No

### Policy and procedure 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: Acceptable
- List of CETs & methods: Acceptable
- Contact info for DVM in PVC: Acceptable
- Contact info for DVM care: Acceptable
- List after hour euth. meth: Acceptable
- Euth. methods if no CET present: Acceptable
- Policy for verifying death: Acceptable
- DEA certificate: Acceptable
- MSDS sheets, chemical or gas: Acceptable
- MSDS sheets, tranq. or anesth.: Acceptable
- Signs & symptoms, human: Acceptable
- First aid information: Acceptable
- MD contact information: Acceptable

Signature of inspector: [Signature]
Date: 7/26/10
Page: 1 of 2
Signature of management: [Signature]
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 88
TYPE FACILITY: Animal Shelter (Private/Public) [x] Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: [Blank]
OWNER: [Blank]
ADDRESS: [Blank]
TELEPHONE: [Blank]

<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>[Blank]</td>
<td>Shelter has applied for a DEA license. No crimal history for shelter at this time.</td>
<td>[Blank]</td>
</tr>
<tr>
<td>[Blank]</td>
<td>Policy and procedure manual is on site and found acceptable.</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

X APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Inspector's Signature [Signature]
Owner/Authorized Agent's Signature [Signature]

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

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