ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.54792  W: 82.60137

LICENSE #: 66
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Buncombe Co Animal Shelter
OWNER: Asheville Humane Society/Buncombe Co. Owner
ADDRESS: 164 Forever Friends Lane, Asheville, NC 28806
TELEPHONE: (828) 250-6430
VMO Buncombe;
COUNTY Buncombe

Number of Primary Enclosures 200+ Animals Present: Dogs 58 Cats 62

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 □
27. Signature (boarding kennel) □
28. Written permission from owner for commingling (doggie daycare) □

HUSBANDRY

Transportation
29. Care in Transit Discussed □

Veterinary Care
30. Isolation Facility □
31. No Signs of Illness/Treated □

Approved □ Conditionally Approved □ Disapproved □

Inspector’s Signature

Date: 9/32/10 Time: 1:30

Owner/Authorized Agent’s Signature

PAGE 1 OF 3
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BUSINESS NAME: Buncombe Co. Animal Shelter
OWNER: Asheville Humane Society / Buncombe Co.
ADDRESS: 16 Forever Friend Lane, Asheville, NC 28806
TELEPHONE: (828) 250-6430

<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 was performed on 9/26/10 by Vet Brenda Kenyon. During inspection 2 kittens were euthanized by the IP method. Both kittens were properly prepared for euth. Both were properly euthanized all data was recorded and animals were properly disposed of. Manual was in place and all material was adequate. Shelter moved from Lees Creek Rd to new location at 16 Forever Friend Lane on 9/17/10. During walk through of new facility, all areas of facility were very organized, clean and well maintained. All areas within facility have separate ventilation and air handling systems, which seem more health in this environment as opposed to old facility (100% improvement). Records were in good order and personnel was very helpful and knowledgeable. New facility along with new equipment has been needed for some time. Although this is new facility - water drainage issues the wings of enclosures and hallways need to be addressed along with the issues with the doors + tracks + cable within the primary enclosures.</td>
<td></td>
</tr>
</tbody>
</table>

☑ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED Date: 09/17/10 Time: 1:30

Inspector's Signature

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: Buncombe Co. Animal Shelter
City: Asheville
License number (if currently licensed): 624
License type: 44

Duties of a CET
Prepare animals for euthanasia .0418
Propriety record all data .0418
Security, controlled substances .0418
Adequate
Adequate
Adequate

Supervise Prob. CET .0418
Properly euthanize .0418
Properly dispose of dead .0418
Not App
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
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 .0608
Chamber sufficiently lit .0605
Electrical explosion-proof .0609
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

Reports of extraordinary euth .0705
Not App

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

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

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

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

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

Signature of inspector: [Signature]
date: 9/22/10

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Signature of management: [Signature]