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: 35.76521 W: 81.66502

LICENSE #: 54
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Burke Co. Animal Shelter
OWNER: Burke Co.
ADDRESS: 150 Government Drive, Morehead City, NC
TELEPHONE: (252) 438-5465
VMO: Hunter
COUNTY: Burke

Number of Primary Enclosures 36 Animals Present: Dogs 22 Cats 18

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

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
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

Transportation
29. Care in Transit Discussed

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

☐ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED

Date: 7/18/11 Time: 4:00

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

PAGE 1 OF 3
**Animal Welfare Section, NCDA&CS**
**Euthanasia Inspection Report**

**Name of business:** Bucke Co. Animal Shelter

**City:** Morganton

**License number (if currently licensed):** 54  
**License type:** 44

**Prepare animals for euthanasia .0418:** Adequate

**Properly record all data .0418:** Adequate

**Security, controlled substances .0418:** Adequate

**Supervise Prob. CET .0418:** N/A

**Properly euthanize .0418:** Adequate

**Properly dispose of dead .0418:** Adequate

**Euthanized by Injection:** N/A

**IC only on anesth. or sedated .0501:** N/A

**Use only bottled gas .0601:** N/A

**Use only comm. mfd chamber .0601:** N/A

**Only same species in chamber .0601:** N/A

**In chamber for >= 20 min. .0601:** N/A

**Not used on < 16 weeks .0602:** N/A

**Not used on pregnant .0602:** N/A

**Not used on near death .0602:** N/A

**No live with dead .0603:** N/A

**Animals separated .0604:** N/A

**At least 1 viewport .0605:** N/A

**Chamber in good order .0605:** N/A

**Airtight seals present .0605:** N/A

**Light shatterproof .0605:** N/A

**Chamber sufficiently lit .0605:** N/A

**Electrical explosion-proof .0605:** N/A

**If inside, two CO monitors .0605:** N/A

**Records of monthly inspection .0606:** N/A

**Records of yearly inspection .0606:** N/A

**Visual Inspection by AWS:** N/A

**Chamber cleaned b/t uses .0607:** N/A

**Operational guide & or manual .0608:** N/A

**>= 2 adults present when used .0609:** N/A

**Reports of extraordinary euth .0705:** N/A

**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

**Euth. methods if no CET present .0803:** Adequate

**Contact info for DVM in PVC .0803:** Adequate

**Policy for verifying death .0803:** Adequate

**Contact info for DVM care .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:** Adequate

**First aid information .0803:** Adequate

**MD contact information .0803:** Adequate

**Signature of inspector:** [Signature]

**Date:** 7/18/11

**Signature of management:** [Signature]
<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 Report - on 7/18/11 (3) cats and (2) puppies were euthanized using IP. All drugs were secure date properly recorded. All animals were properly euthanized and disposed of. Euthanasia manual was in place with all proper manuals. All animals were euthanized by Lt. Mossey &amp; Dep. Beck. #7 - floors &amp; walls throughout facility need to be re-pointed and resealed. Animal numbers were down 7/18/11 (Space was Available).</td>
<td></td>
</tr>
</tbody>
</table>

Approved: [Signature]

Conditionally Approved: [Signature]

Disapproved: [Signature]

Date: 7/18/11

Time: 11:00

Inspector's Signature: [Signature]

Owner/Authorized Agent's Signature: [Signature]