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: Byrke Co Animal Shelter
OWNER: Byrke Co
ADDRESS: 150 Government Drive Morgentown N.C.
TELEPHONE: (328) 48-5405
VMO: Hunter
COUNTY: Burke

Number of Primary Enclosures 36 Animals Present: Dogs 27 Cats 16

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

1. Waste Disposal ☒
2. Odor ☒
3. Ceiling, Wall, Floors ☒
4. Primary Enclosures ☒
5. Equipment & Supplies ☒
6. Washrooms, Sinks, Basins ☒
7. Insect/Vermin Control ☒
8. 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: 7/9/10 Time: 4:40

Inspector’s Signature: Mary Stanley
Owner/Authorized Agent’s Signature: [Signature]

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

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

**City:** Morganton

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

**License type:** 44

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### Prepare animals for euthanasia (.0418)

- **Adequate**

### Properly record all data (.0418)

- **Adequate**

### Security, controlled substances (.0418)

- **Adequate**

### Supervise Probs. (CET) (.0418)

- **N/A**

### Properly euthanize (.0418)

- **Adequate**

### Properly dispose of dead (.0418)

- **Adequate**

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### IC only on anesth. or sedated (.0501)

- **Adequate**

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### Use only bottled gas (.0601)

- **NA**

### Use only comm. mfd chamber (.0601)

- **NA**

### Only same species in chamber (.0601)

- **NA**

### In chamber for >= 20 min. (.0601)

- **NA**

### Not used on < 16 weeks (.0602)

- **NA**

### Not used on pregnant (.0602)

- **NA**

### Not used on near death (.0602)

- **NA**

### No live with dead (.0603)

- **NA**

### Animals separated (.0604)

- **NA**

### At least 1 viewport (.0605)

- **NA**

### Chamber in good order (.0605)

- **NA**

### Airtight seals present (.0605)

- **NA**

### Light shutterproof (.0605)

- **NA**

### Chamber sufficiently lit (.0605)

- **NA**

### Electrical explosion-proof (.0605)

- **NA**

### Chamber cleaned b/t uses (.0607)

- **NA**

### Operational guide & or manual (.0608)

- **NA**

### => 2 adults present when used (.0609)

- **NA**

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### Reports of extraordinary euth. (.0705)

- **N/A**

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### Current copy of AWA in manual (.0803)

- **Adequate**

### List of approved euth. methods (.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 CETs & methods (.0803)

- **Adequate**

### Contact info for DVM in PVC (.0803)

- **Adequate**

### Contact info for CETs (.0803)

- **Adequate**

### Euth. methods if no CET present (.0803)

- **Adequate**

### Policy for verifying death (.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**
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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 Morganton N.C.
TELEPHONE: (828) 438-5405

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
---|---|---
#17 | Work on outside runs to prevent cross-contaminating material that is to be used has been approved, and | |
#18 | During inspection on 7/19/10, a walk through of facility there was a cat enclosure in the back of facility that had 7 kittens and 2 adult cats that had no litter box and no water. Litter boxes and fresh water at all times for that many animals. | |
#19 | Euthanasia Report - on 7/19/10 4 cats were observed during the euthanasia process. 14 cats, kittens/9 adult cats were euth. All dogs were sedated. Oral - xyl was checked and IM was used. Cats were given IP injections. All animals were verified dead. All properly disposed of. All data was properly recorded and drugs were properly secured. | |

APPROVED | CONDITIONALLY APPROVED | DISAPPROVED
Gary Story | | 
Inspector's Signature

Date: 7/19 Time: 4:40

Owner/Authorized Agent's Signature

AW-2 Rev. 1/07
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