ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.37210  W: 80.56275

LICENSE #: 48
TYPE FACILITY: Animal Shelter (Private/Public) ☐  Boarding Kennel ☐  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: Calhaurus Co, Animal Control
OWNER: Whiting, D.J.
ADDRESS: Bobbi Carpenter Place, Concord
TELEPHONE: (704) 220-3287
VMO (Calhaurus)
COUNTY (Calhaurus)

Number of Primary Enclosures 102  Animals Present: Dogs 25  Cats 2

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)

Transportation
☐ 29. Care in Transit Discussed

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

☒ APPROVED  ☐ CONDITIONALLY APPROVED  ☐ DISAPPROVED  Date: 11/5/10  Time: 11:35

Shelley D. Scarritt
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, NCDA&CS**

**Euthanasia Inspection Report**

**Name of business:** Calamari's Cat Animal Control

**City:** Concord

**License number (if currently licensed):** 48

**License type:** Shelter

### Prepare animals for euthanasia
- Acceptable

### Properly record all data
- Acceptable

### Security, controlled substances
- Acceptable

### Supervise Prob. CET
- Acceptable

### Properly euthanize
- Acceptable

### Properly dispose of dead
- Acceptable

### IC only on anesth. or sedated
- Not reviewed

### Use only bottled gas
- Acceptable

### Use only comm. mfd chamber
- Acceptable

### Only same species in chamber
- Acceptable

### In chamber for >= 20 min.
- Acceptable

### Not used on < 16 weeks
- Acceptable

### Not used on pregnant
- Acceptable

### Not used on near death
- Acceptable

### No live with dead
- Acceptable

### Animals separated
- Acceptable

### At least 1 viewport
- Acceptable

### Chamber in good order
- Acceptable

### Airtight seals present
- Acceptable

### Light shatterproof
- Acceptable

### Chamber sufficiently lit
- Acceptable

### Electrical explosion-proof
- Acceptable

### If inside, two CO monitors
- Acceptable

### Records of monthly inspection
- Acceptable

### Records of yearly inspection
- Acceptable

### Visual inspection by AWS
- Acceptable

### Chamber cleaned b/t uses
- Acceptable

### Operational guide & or manual
- Acceptable

### >= 2 adults present when used
- Acceptable

### Reports of extraordinary euth.
- Acceptable

### 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. method
- Acceptable

### Euth. methods if no CET present
- Acceptable

### Policy for verifying death
- Acceptable

### Contact info for suppliers
- 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:** [Date]

**Page:** 2 of 2

**Signature of management:** [Signature]