ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 89.287' W: 87° 55.393'

LICENSE #: 61
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Caldwell Co. Animal Care + Control Shelter
OWNER: Caldwell Co.
ADDRESS: 329 Fairview Drive Sw Lenovo N.C.
TELEPHONE: (628) 787-8625
VMO Hunter
COUNTY Caldwell

Number of Primary Enclosures 36 Animals Present: Dogs 26 Cats 29

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
2. Space ☒
4. 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 ☒

Date: 11/4/09 Time: 11:00

Approved □ Conditionally Approved □ Disapproved

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**: Caldwell Co. Animal Care + Control Shelter  
**City**: Lenoir (Caldwell Co)  
**License number (if currently licensed)**: 61  
**License type**: 44

**Duplicates of a CET**

<table>
<thead>
<tr>
<th>Prepare animals for euthanasia</th>
<th>Properly record all data</th>
<th>Security, controlled substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
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</table>

**Supervise Prot. CET**

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Properly euthanize</th>
<th>Properly dispose of dead</th>
</tr>
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**Euthanasia by Injection**

- IC only on anesth. or sedated: Adequate

**Euthanasia by CO**

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

**Reports of extraordinary euth.**

- Adequate

**Policy and procedure manual**

<table>
<thead>
<tr>
<th>Current copy of AWA in manual</th>
<th>Current AVMA euth. in manual</th>
<th>Current HSUS euth. in manual</th>
<th>Current AHA euth. in manual</th>
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<tr>
<th>List of approved euth. methods</th>
<th>List of CET's &amp; methods</th>
<th>Euth. methods if no CET present</th>
</tr>
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<tr>
<th>DEA certificate</th>
<th>MSDS sheets, chemical or gas</th>
<th>MD contact information</th>
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**Signatures**

- **Signature of inspector**: April String 2009  
- **Signature of management**: [Signature]
LICENSE #: 061

TYPE FACILITY: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □

BUSINESS NAME: Caldwell Co. Animal Care & Control

OWNER: Caldwell Co.

ADDRESS: 829 Fairview Drive SW Kernersville, NC

TELEPHONE: (828) 257-5625

<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>
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<tbody>
<tr>
<td></td>
<td>Euthanasia Report - on 11/10/09 1 cat performed euthanasia on 2 dogs and 1 cat. Both dogs were heavily sedated, time was given, reflexes checked - one dog was given euthanasia drug IC and the other was given IV. Cat was sedated and IB was performed. All data was recorded on each animals and all drugs were recorded in proper DEA Log Book. All animals were Verified Dead and properly disposed of. Policy &amp; Procedure Manual was in excellent order and easily obtained. (good job)</td>
<td></td>
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<tr>
<td></td>
<td>#7 Continue work on all cracks in floor throughout facility</td>
<td></td>
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<tr>
<td></td>
<td>Very Knowledgeable Staff, Very Professional.</td>
<td></td>
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APPROVED       □ CONDITIONALLY APPROVED       □ DISAPPROVED       Date: 11/10/09       Time: 11:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

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