**Animal Welfare Inspection**

**GPS Coordinates** - N: 35.74242  W: 79.24425

**License #: 45**
**Type Facility:** Animal Shelter (Private Public)  □  Boarding Kennel □  Pet Shop □  Public Auction □
**Business Name:** Chatham Co. Animal Control
**Owner:** Chatham Co. Government
**Address:** 125 County Landfill Rd, Pittsboro NC
**Telephone:** (919) 548-7203
**VMO:** Hunter
**County:** Chatham

Number of Primary Enclosures: 20  □  Cats: 43

**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
- 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/Vermix 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

**Inspection Report:**
- Approved □
- Conditionally Approved □
- Disapproved □

**Owner/Authorized Agent’s Signature:**

**Date:** 6/17/10  
**Time:** 9am

**Inspector’s Signature:**

**AW-2**  
Rev. 1/07

**White= Office**  
**Canary= Inspector**  
**Pink= Owner**

**Page 1 of 3**
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

Name of business: Chatham Co. Animal Control
City: Pittsboro
License number (if currently licensed): 45

Prepare animals for euthanasia .0418
Duties of a CET
Acceptable
Properly record all data .0418
Acceptable
Security, controlled substances .0418
Acceptable
Supervise Prob. CET .0418
Acceptable
Properly euthanize .0418
Acceptable
Properly dispose of dead .0418
Acceptable

Euthanasia by Injection
IC only on anesth. or sedated .0501

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 .0605
Chamber sufficiently lit .0605
Electrical explosion proof .0605
If inside, two CO monitors .0605
Records of monthly inspection .0606
Records of yearly inspection .0606

Chamber cleaned b/t uses .0607
Operational guide & or manual .0608
>= 2 adults present when used .0609

Extraordinary methods
Acceptable

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

List of approved euth. methods .0803
Acceptable
List of CETs & methods .0803
Acceptable
Euth. methods if no CET present .0803
Acceptable
Contact info for DVM in PVC .0803
Acceptable
Contact info for DVM care .0803
Acceptable
Policy for verifying death . 0803
Acceptable
Contact info for suppliers. 0803
Acceptable
Signs & symptoms, human .0803
Acceptable
DEA certificate .0803
MSDS sheets, chemical or gas .0803
Acceptable
MSDS sheets, transq. or anesth .0803
Acceptable
First aid information .0803
MD contact information .0803
Acceptable
Acceptable

Signature of inspector: E. Lee
Date: 6/8/10
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Signature of management
I performed an Euthanasia inspection today. Euthanasia was performed by CET Krista Ritter using Euthasol. Animal chosen for Euthanasia while I was present was a male Husky mix approx. 30 lbs, dosing was accurate & Euthanasia was performed via IV. Admission & Death was verified by Cardiac Stand Still, lack of ocular reflex.

<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>
</table>

Approved

Inspector’s Signature

Conditionally Approved

Owner/Authorized Agent’s Signature

Date: 04/10/10 Time: 9am

White= Office
Canary= Inspector
Pink= Owner

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