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: 35.15646   W: 83.94220

LICENSE #: 4

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

BUSINESS NAME: Valley River Humane Society

OWNER: Christie Wall (Director)

ADDRESS: 7450 US 19, Marble, NC 28905

TELEPHONE: (628) 337-2304

VMO Hunter

COUNTY Cherokee

Number of Primary Enclosures 75

Animals Present: Dogs 69  Cats 48

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  □  Ventilation & Temp.  □  Lighting  □  Ceiling, Wall, Floors  X  Storage  □  Water Drainage

Primary Enclosures
7. Structure & Repair  □  Space  □  Ventilation & Temp.  □  Adequate Shelter

SANITATION

11. Waste Disposal  □  Odor  □  Ceiling, Wall, Floors  □  Primary Enclosures  □  Equipment & Supplies  □  Washrooms, Sinks, Basins  □  Insect/Vermin Control  □  Building & Grounds

HUSBANDRY

19. Adequate Feed/Water  □  Food Storage  □  Personnel  □  Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area  □  Animals’ Appearance

SPECIAL ITEMS

Records

Transportation
29. Care in Transit Discussed

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

APPROVED  □  CONDITIONALLY APPROVED  □  DISAPPROVED

Date: 9/24  Time: 1:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2  Rev. 1/07

White= Office  Canary= Inspector  Pink= Owner

PAGE 1 OF 3
Name of business: Valley River Humane Society
City: MARBLE (CHEROKEE CO)
License number (if currently licensed): 4
License type: 44

Prepare animals for euthanasia: Adequate
Properly record all data: Adequate
Security, controlled substances: Adequate
Supervise Prob. CET: Adequate
Properly euthanize: Adequate
Properly dispose of dead: Adequate
Euthanize by injection: Adequate

Use only bottled gas: Adequate
Use only comm. mfd chamber: NA
Only same species in chamber: NA
In chamber for >= 20 min: NA
Not used on < 16 weeks: NA
Not used on pregnant: NA
No used on near death: NA
No live with dead: NA
Animals separated: NA
At least 1 viewport: NA
Chamber in good order: NA
Airtight seals present: NA
Light shatterproof: NA
Chamber sufficiently lit: NA
Electrical explosion-proof: NA
If inside, two CO monitors: NA

Records of monthly inspection: NA
Records of yearly inspection: NA
Visual inspection by AWS: NA
Chamber cleaned b/t uses: NA
Operational guide & or manual: NA
>= 2 adults present when used: NA

Current copy of AWA in manual: Adequate
Current AVMA euth. in manual: Adequate
Current HSUS euth. in manual: Adequate
Current AHA euth. in manual: Adequate
List of approved euth. methods: Adequate
List of CETs & methods: Adequate
Euth. methods if no CET present: Adequate
Policy for verifying death: Adequate
List after hour euth. meth: Adequate
MSDS sheets, chemical or gas: Adequate
MSDS sheets, tranq. or anesth.: Adequate
DEA certificate: Adequate
First aid information: Adequate
MD contact information: Adequate

Signature of inspector: Mary Stany
Date: 9/24/09

Signature of management: Christie Wall
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 4**
**TYPE FACILITY: Animal Shelter (Private/Public) **
**BUSINESS NAME:** Valley River Humane Society
**OWNER:** Christie Wall
**ADDRESS:** 7450 US 19 Marble NC 28755
**TELEPHONE:** (828) 837-2304

<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 - watched Cet perform Euthanasia on 1 60# dog</td>
<td></td>
</tr>
<tr>
<td></td>
<td>at Valley River properly prepared Animal for Euthanasia properly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>closed and recorded All Data. Death was verified and was</td>
<td></td>
</tr>
<tr>
<td></td>
<td>properly disposed of. All controlled substances were very</td>
<td></td>
</tr>
<tr>
<td></td>
<td>secure. (Very Professional Job)</td>
<td></td>
</tr>
<tr>
<td>#2</td>
<td>Ventilation still needs to be added in recovery room</td>
<td></td>
</tr>
<tr>
<td>#1</td>
<td>Wood in recovery room needs to be covered. Top of cages and walls.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Excellent job on upgrades so far</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* No over-crowding in shelter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* policy &amp; Procedure of entire facility 100%</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED**

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**Inspector’s Signature**

Gary Stang

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**Owner/Authorized Agent’s Signature**

Christie Wall

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**Date:** 9/24 **Time:** 3:20

**AW-2**

**Rev. 1/07**

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**White: Office**

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**Canary: Inspector**

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**Pink: Owner**

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