ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.19568 W: 81.29062

LICENSE #: 25
TYPE FACILITY: Animal Shelter (Private □ Public ☐) Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Cleveland Co Animal Shelter
OWNER: 
ADDRESS: 1609 Airport Rd, Shelby
COUNTY: Cleveland

Number of Primary Enclosures: 91 Animals Present: Dogs 75 Cats 38

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

SPECIAL ITEMS
Records
☐ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☐ 26. Signature (boarding kennel)
☐ 27. Written permission from owner for commingling (doggie daycare)

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

TRANSPORTATION
☐ 28. Care in Transit Discussed

VETERINARY CARE
☐ 28. Isolation Facility
☐ 29. No Signs of Illness/Treated

☐ APPROVED ☐ DISAPPROVED

Date: July 15, 2010 Time: 10:39

Inspector’s Signature: Shelia Vanwinkle
Owner/Authorized Agent’s Signature: 

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

PAGE 1 OF 3
### Euthanasia Inspection Report

**Name of business:** Cleveland Animal Shelter  
**City:** Shelby  
**License number (if currently licensed):** 75  
**License type:** Shelter

#### Preparation for Euthanasia
- Prepare animals for euthanasia: Adequate
- Properly record all data: Adequate
  
#### Supervision
- Supervise Prob. CET: N/A
- Properly euthanize: Adequate
  
#### Security
- Security, controlled substances: Adequate
- Properly dispose of dead: Adequate

#### IC on Anesth or Sedated
- IC only on anesth. or sedated: Not viewed

#### Use of Equipment
- Use only bottled gas: Adequate
- Use only comm. mfd chamber: Adequate
- Only same species in chamber: Adequate
- In chamber for >= 20 min: Adequate
  
#### Environmental Conditions
- Not used on < 16 weeks: Adequate
- Not used on pregnant: Adequate
- Not used on near death: Adequate
- No live with dead: Adequate
- Chamber in good order: Adequate
- Airtight seals present: Adequate
- Chamber sufficiently lit: Adequate
- Electrical explosion-proof: Adequate
- If inside, two CO monitors: N/A

#### Records and Inspection
- Records of monthly inspection: Adequate
- Records of yearly inspection: Adequate
- Visual inspection by AWS: Adequate

#### Chamber and Maintenance
- Chamber cleaned b/t uses: Adequate
- Operational guide & or manual: Adequate
- >= 2 adults present when used: Adequate

#### Reports
- Reports of extraordinary euth: N/A

#### Policy and Procedure Manual
- 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

#### Additional Information
- List of approved euth. methods: Adequate
- List of CET's & methods: Adequate
- Euth. methods if no CET present: Adequate
- Policy for verifying death: Adequate
- Contact info for suppliers: Adequate
- DEA certificate: Adequate
- MSDS sheets, chemical or gas: Adequate
- MSDS sheets, tranq, or anesth: Adequate
- Signs & symptoms, human: Adequate
- First aid information: Adequate
- MD contact information: Adequate

**Signature of inspector:** Shelley T. Swain  
**Date:** 01/10

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

**LICENSE #:** 75  
**TYPE FACILITY:** Animal Shelter (Private Public)  
**BOARDING KENNEL**  
**PET SHOP**  
**PUBLIC AUCTION**  
**BUSINESS NAME:** Cleveland Animal Shelter  
**OWNER:**  
**ADDRESS:**  
**TELEPHONE:** (_____) ______

<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>0</td>
<td>Main Kennel area 2</td>
<td>Reveal concrete floor making impervious to structure.</td>
</tr>
</tbody>
</table>
| 2           | Ventilation was poor on day of inspection  
In main Kennel - there was a distinct odor  
Increase ventilation / flush drains daily. |
| 4           | Expanded metal cat enclosures had build-up of hair however are getting improved  
Send last inspection - Columbia must be cleaned properly at least every day and  
properly sanitized prior to introduction of dogs, on cats into empty primary enclosure  
previously occupied. |

There were no animals available for euthanasia  
at time of inspection however all other areas of euthanasia included in this inspection process were acceptable or adequate  

Construction has begun on new cat adoption  
and euthanasia room.  

APPROVED  
**Shelley A. Swain**  
Inspector’s Signature  

**CONDITIONALLY APPROVED**  

**DISAPPROVED**  

**Date:** 2/16/10  **Time:** 10:39  

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

**PAGE 3 OF 3**