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: 35.19568 W: 81.29002

LICENSE #: 75
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Cleveland County Animal Shelter
OWNER: Cleveland Co.
ADDRESS: 1609 Airport Road, Shelby NC.
TELEPHONE: (704) 456-3166
VMO Hunter
COUNTY Cleveland

Number of Primary Enclosures 132 Animals Present: Dogs 73 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 X
2. Ventilation & Temp. X
3. Lighting X
4. Ceiling, Wall, Floors X
5. Storage X
6. Water Drainage X

Primary Enclosures
7. Structure & Repair X
8. Space X
10. Adequate Shelter X
11. Waste Disposal X
12. Odor X
13. Ceiling, Wall, Floors X
14. Primary Enclosures X
15. Equipment & Supplies X
16. Washrooms, Sinks, Basins X
17. Insect/Vermin Control X
18. Building & Grounds

SANITATION

HUSBANDRY
19. Adequate Feed/Water X
20. Food Storage X
21. Personnel X
22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area X
23. Animals' Appearance

SPECIAL ITEMS

Records
24. Description of Animals X
25. Records/Vet Treatment X
26. Origin-Disposition X
27. Signature (boarding kennel) NA

Transportation
29. Care in Transit Discussed

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

X APPROVED □ DISAPPROVED Date: 2-9-2011 Time: 5:15

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: Cleveland Co. Animal Shelter  
City: Shelby  
License number (if currently licensed): 75  
License type: 44

<table>
<thead>
<tr>
<th>Date of CET</th>
<th>Prepare animals for euthanasia .0418</th>
<th>Properly record all data .0418</th>
<th>Security, controlled substances .0418</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-9-11</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

Prevent Prob. CET .0418  
Properly euthanize .0418  
Properly dispose of dead .0418  

<table>
<thead>
<tr>
<th>Date of CET</th>
<th>Prepare animals for euthanasia .0418</th>
<th>Properly record all data .0418</th>
<th>Security, controlled substances .0418</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-9-11</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

Date of CET: 2-9-11  
No Euth. needed on 2-9-11

Euthanasia by injection  
IC only on anesth. or sedated .0501  
Adequate

Euthanasia by CO  
Use only bottled gas .0601  
Adequate

Use only comm. mfd chamber .0601  
Adequate

Only same species in chamber .0601  
Adequate

In chamber for >= 20 min. .0601  
Adequate

Not used on < 16 weeks .0602  
Adequate

Not used on pregnant .0602  
Adequate

Not used on near death .0602  
Adequate

No live with dead .0603  
Adequate

Airtight seals present .0605  
Adequate

Chamber in good order .0605  
Adequate

Chamber sufficiently lit .0605  
Adequate

Electrical explosion-proof .0605  
Adequate

If inside, two CO monitors .0605  
Adequate

Records of monthly inspection .0606  
Adequate

Records of yearly inspection .0606  
Adequate

Visual inspection by AWS  
Adequate

Chamber cleaned b/t uses .0607  
Adequate

Operational guide & or manual .0608  
Adequate

>= 2 adults present when used .0609  
Adequate

Reports of extraordinary euth. .0705  
N/A

Policy and procedure manual  
Current copy of AWA in manual .0803  
Adequate

Current AVMA euth. in manual .0803  
Adequate

Current HSUS euth. in manual .0803  
Adequate

Current AHA euth. in manual .0803  
Adequate

List of approved euth. methods .0803  
Adequate

List of CETs & methods .0803  
Adequate

Contact info for DVM in PVC .0803  
Adequate

Contact info for DVM care .0803  
Adequate

List after hour euth. meth. .0803  
Adequate

Euth. methods if no CET present .0803  
Adequate

Policy for verifying death .0803  
Adequate

Contact info for suppliers .0803  
Adequate

DEA certificate .0803  
Adequate

MSDS sheets, chemical or gas .0803  
Adequate

MSDS sheets, tranquil or anesth. .0803  
Adequate

Signs & symptoms, human .0803  
Adequate

First aid information .0803  
Adequate

MD contact information .0803  
Adequate

Mary Starnes  
2-9-2011  
Signature of inspector

R D. Hahn  
Signature of management

Page 2 of 3
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 75

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

**BUSINESS NAME:** Cleveland Co. Animal Shelter

**OWNER:** Cleveland Co.

**ADDRESS:** 1404 Airport Rd, Shelby NC.

**TELEPHONE:** (704) 476-3166

<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>1</td>
<td>Floors throughout facility including primary enclosures have been repainted and sealed. (looks great) 2 enclosures are still having problems of peeling. It was suggested that when these 2 enclosures begin to peel worse that all paint is stripped and a clear sealant be put down.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C.O. Chamber has been moved and a new wing has been added to the facility. With the addition it also allowed 36 new enclosures in this area for cats and puppies. (Very nice)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Construction is also complete on new euthanasia room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It was also suggested that some type of locking mech. be put on prop boxes so that they can only be opened 1 time during the time shelter is closed. And also need to be cleaned at time animals are taken out.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO Euthanasia was needed on 2-9-11, but all previous records Drug logs, Kennel cards, etc. were in good order and all drugs were secure.</td>
<td></td>
</tr>
</tbody>
</table>

**✓ APPROVED ☐ DISAPPROVED**  
Date: 2-9-2011  
Time: 5:15

**Mary Lynn**  
Inspector’s Signature

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

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

**PAGE 3 OF 3**