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° 44.238' W: 80° 14.681'

LICENSE #: 33
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: DAVIDSON CO Animal Shelter
OWNER: DAVIDSON CO
ADDRESS: 490 RENWICK RD LEONARD
TELEPHONE: (334) 357-6805
VMO: HUNTER
COUNTY: DAVIDSON

Number of Primary Enclosures 108
Animals Present: Dogs 516 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
☑ 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
☒ 24. Description of Animals
☒ 25. Records/Vet Treatment
☒ 26. Origin/Disposition
☒ 27. Signature (boarding kennel)
☒ 28. 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

☑ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED
Date: 10/10 Time: 1:24
Inspector’s Signature: 
Owner/Authorized Agent’s Signature: 

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

PAGE 1 OF 2
Animal Welfare Section
NC Department of Agriculture and Consumer Services
1030 Mail Service Center
Raleigh, NC 27699-1030

Animal Welfare Section, NCDA&CS
Euthanasia Inspection Report

**Name of business:** Davidson Co Animal Shelter

**City:** Lexington

**License number (if currently licensed):** 33

**License type:** Shelter

**Duties of a CET**

Prepare animals for euthanasia .0418

Properly record all data .0418

Security, controlled substances .0418

- Acceptable

Supervise Prob. CET .0418

Properly euthanize .0418

Properly dispose of dead .0418

- Acceptable

Euthanasia by Injection

IC only on anesth. or sedated .0501

Not viewed

**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

- Acceptable

Not used on < 16 weeks .0602

Not used on pregnant .0602

Not used on near death .0602

No live with dead .0603

- Acceptable

Animals separated .0604

At least 1 viewport .0605

Chamber in good order .0605

Airtight seals present .0605

- Acceptable

Light shatterproof .0605

Chamber sufficiently lit .0605

Electrical explosion-proof .0605

If inside, two CO monitors .0605

- Acceptable

Records of monthly inspection .0606

Records of yearly inspection .0606

Visual inspection by AWS

- Acceptable

Chamber cleaned b/t uses .0607

Operational guide & or manual .0608

>= 2 adults present when used .0609

- Acceptable

**Extraordinary methods**

Acceptable

**Policy and procedure manual**

Current copy of AWA in manual .0803

Current AVMA euth. in manual .0803

Current HSUS euth. in manual .0803

Current AHA euth. in manual .0803

- Acceptable

List of approved euth. methods .0803

List of CETs & methods .0803

Contact info for DVM in PVC .0803

Contact info for DVM care .0803

- Acceptable

List after hour euth. meth. .0803

Euth. methods if no CET present .0803

Policy for verifying death .0803

Contact info for suppliers .0803

- Acceptable

DEA certificate .0803

MSDS sheets, chemical or gas .0803

MSDS sheets, tranq. or anesth. .0803

Signs & symptoms, human .0803

- Acceptable

First aid information .0003

MD contact information .0803

- Acceptable

**Signature of inspector:** Anita S. Wood

**Date:** 1/6/10

**Signature of management:**