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°18′05″ W: 81°20′75″

LICENSE #: 37
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Easton Co Animal Control
OWNER: Easton Co
ADDRESS: 220 Leisure Lane, Dallas
TELEPHONE: (704) 922-8677
VMO: HUNTER
COUNTY: EASTON

Number of Primary Enclosures: 76 Animals Present: Dogs: 79 Cats: 61

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

HUSBANDRY

19. Adequate Feed/Water □
20. Food Storage □
21. Personnel □

TRANSPORTATION

28. Care in Transit Discussed □

VETERINARY CARE

28. Isolation Facility □
29. No Signs of Illness/Treated □

APPROVED □ DISAPPROVED □

Date: 11/3/09

Inspector’s Signature:

Owner/Authorized Agent’s Signature:

Owner= Office
Canary= Inspector
Pink= Owner

AW-2
Rev. 1/07

PAGE 1 OF 2
## Animal Welfare Section, NCDA&CS
### Euthanasia Inspection Report

**Name of business:** Gaston Co. Animal Control  
**City:** Dallas  
**License number (if currently licensed):** 37  
**License type:** Shelter

### Dates of CET
- Prepare animals for euthanasia: Acceptable
- Properly record all data: Acceptable
- Security, controlled substances: Acceptable
- Supervise Prob. CET: Acceptable
- Properly euthanize: Acceptable
- Properly dispose of dead: Acceptable

### IC only on anesth. or sedated
- Acceptable

### Use only bottled gas
- Acceptable

### Use only comm. mfd chamber
- Acceptable

### Only same species in chamber
- Acceptable

### In chamber for >= 20 min.
- Acceptable

### Not used on < 16 weeks
- Acceptable

### Not used on pregnant
- Acceptable

### Not used on near death
- Acceptable

### No live with dead
- Acceptable

### Animals separated
- Acceptable

### At least 1 viewport
- Acceptable

### Chamber in good order
- Acceptable

### Airtight seals present
- Acceptable

### Light shatterproof
- Acceptable

### Chamber sufficiently lit
- Acceptable

### Electrical explosion-proof
- Acceptable

### If inside, two CO monitors
- Acceptable

### Records of monthly inspection
- Acceptable

### Records of yearly inspection
- Acceptable

### Visual inspection by AWS
- Acceptable

### Chamber cleaned b/t uses
- Acceptable

### Operational guide & or manual
- Acceptable

### => 2 adults present when used
- Acceptable

### Reports of extraordinary euth
- Acceptable

### Current copy of AWA in manual
- Acceptable

### Current AVMA euth. in manual
- Acceptable

### Current HSUS euth. in manual
- Acceptable

### Current AHA euth. in manual
- Acceptable

### List of approved euth. methods
- Acceptable

### List of CETs & methods
- Acceptable

### Contact info for DVM in PVC
- Acceptable

### Contact info for DVM care
- Acceptable

### List after hour euth. method
- Acceptable

### Euth. methods if no CET present
- Acceptable

### Policy for verifying death
- Acceptable

### Contact info for suppliers
- Acceptable

### DEA certificate
- Acceptable

### MSDS sheets, chemical or gas
- Acceptable

### MSDS sheets, tranq. or anesth.
- Acceptable

### Signs & symptoms, human
- Acceptable

### First aid information
- Acceptable

### MD contact information
- Acceptable

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**Signature of inspector:**  
**Date:**  
**Page 2 of 3**

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

**LICENSE #:** 37  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BUSINESS NAME:** Johnston Co Animal Control  
**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>EUTHANASIA</td>
<td>I WITNESSED EUTHANASIA BY BOTH CARBON MONOXIDE AND SODIUM POISONING IN ALL INSTANCES EUTHANASIA WAS PERFORMED PROPERLY AND HUMANELY.</td>
<td></td>
</tr>
<tr>
<td>Q Q KENNEL AREA PAINT IS PEELING AND CHIPPING, REPAIR AND OR PAINT MAKING IMPERFECTIONS TO MOISTURE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There was no signs of illness or injury in the general population.

APPROVED  
**Inspector's Signature**

☐ CONDITIONALLY APPROVED

☐ DISAPPROVED  
**Owner/Authorized Agent's Signature**

Date:  
Time:  

White= Office  
Canary= Inspector  
Pink= Owner