ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36° 32' 52" W: 78° 6' 28.5" C

LICENSE #: 22.
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Granville Co Animal Shelter
OWNER: Granville Co Government
ADDRESS: 5650 Carrawell Rd Oxford NC
TELEPHONE: (919) 692-6749
VMO □
COUNTY Granville

Number of Primary Enclosures 22 Animals Present: Dogs _______ Cats _______

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

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

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)

Transportation
☐ 29. Care in Transit Discussed

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

APPROVED ☒ DISAPPROVED ☐

Date: 11/8/10 Time: 10:45 a.m.

Inspector's Signature

Owner/Authorized Agent's Signature

PAGE 1 OF
**Animal Welfare Section**  
**NC Department of Agriculture and Consumer Services**  
1030 Mail Service Center  
Raleigh, NC 27699-1030  
phone: (919) 715-7111  
FAX: (919) 733-6431  
e-mail: agr.aws@ncagr.gov  
URL: www.ncaws.com

<table>
<thead>
<tr>
<th>Name of business</th>
<th>Granville Co Animal Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Oxford NC</td>
</tr>
<tr>
<td>License number (if currently licensed)</td>
<td>22</td>
</tr>
<tr>
<td>License type</td>
<td>044</td>
</tr>
</tbody>
</table>

- **Prepare animals for euthanasia**: Acceptable (.0418)
- **Properly record all data**: Acceptable (.0418)
- **Security, controlled substances**: Acceptable (.0418)
- **Supervise Prob. CET**: N/A (.0418)
- **Properly euthanize**: Acceptable (.0418)
- **Properly dispose of dead**: Acceptable (.0418)
- **IC only on anesth. or sedated**: Acceptable (.0501)
- **Use only bottled gas**: Acceptable (.0601)
- **Use only comm. mfd chamber**: Acceptable (.0601)
- **Only same species in chamber**: Acceptable (.0601)
- **In chamber for >= 20 min.**: Acceptable (.0601)
- **Not used on < 16 weeks**: Acceptable (.0602)
- **Not used on pregnant**: Acceptable (.0602)
- **Not used on near death**: Acceptable (.0602)
- **No live with dead**: Acceptable (.0603)
- **Animals separated**: Acceptable (.0604)
- **At least 1 viewport**: Acceptable (.0605)
- **Chamber in good order**: Acceptable (.0605)
- **Chamber sufficiently lit**: Acceptable (.0605)
- **Electrical explosion-proof**: Acceptable (.0605)
- **Light shatterproof**: Acceptable (.0605)
- **If inside, two CO monitors**: N/A (.0605)
- **Chamber cleaned/uses**: Acceptable (.0607)
- **Operational guide & manual**: Acceptable (.0608)
- **Records of monthly inspection**: Acceptable (.0606)
- **Records of yearly inspection**: Acceptable (.0606)
- **Visual inspection by AWS**: Acceptable (.0606)
- ** >= 2 adults present when used**: Acceptable (.0609)
- **Reports of extraordinary euth.**: Acceptable (.0705)
- **Current copy of AWA in manual**: Acceptable (.0803)
- **Current AVMA euth. in manual**: Acceptable (.0803)
- **Current HSUS euth. in manual**: Acceptable (.0803)
- **Current AHA euth. in manual**: Acceptable (.0803)
- **List of approved euth. methods**: Acceptable (.0803)
- **List of CETs & methods**: Acceptable (.0803)
- **Contact info for DVM in PVC**: Acceptable (.0803)
- **Contact info for DVM care**: Acceptable (.0803)
- **Policy for verifying death**: Acceptable (.0803)
- **Contact info for suppliers**: Acceptable (.0803)
- **Signs & symptoms, human**: Acceptable (.0803)
- **Signs & symptoms, tranq. or anesth**: Acceptable (.0803)
- **First aid information**: Acceptable (.0803)
- **MD contact information**: Acceptable (.0803)

**Signature of inspector**: [Signature]  
**Date**: 11/18/10  
**Page 1 of 2**  
**Signature of management**: [Signature]
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 77
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Greenville Co
OWNER:
ADDRESS:
TELEPHONE: (___) ______

Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed
---|---|---
Euthanasia Inspection - areas 0418, 0501 and 0601 - 0609 are acceptable.

I observed a practical on both CEF and ERJ by the CET and the practical was performed within the Euthanasia rules.

The policy and procedure manual is complete.

☐ APPROVED ☐ DISAPPROVED Date: 11/18/10 Time: 10:45am

Inspector’s Signature

Owner/Authorized Agent’s Signature

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