ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.394128 W: 78.79904

LICENSE #: 44
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: County of Harnett Animal Shelter
OWNER: Harnett Co. Government
ADDRESS: 110 McKinley Pl, Lillington NC 27546
TELEPHONE: (910) 814-2052
VMO: Hunter
COUNTY: Harnett

Number of Primary Enclosures: 10
Animals Present: Dogs 80 Cats 50

INSPECTOR: Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable.

<table>
<thead>
<tr>
<th>INSPECTOR’S SIGNATURE</th>
<th>OWNER/AUTHORIZED AGENT’S SIGNATURE</th>
</tr>
</thead>
</table>

**STRUCTURE**

<table>
<thead>
<tr>
<th>Housing Facilities</th>
<th>Sanitation</th>
<th>Special Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 4. Ceiling, Wall, Floors</td>
<td>☐ 14. Primary Enclosures</td>
<td>☑ 27. Signature (boarding kennel)</td>
</tr>
<tr>
<td>☑ 5. Storage</td>
<td>☐ 15. Equipment &amp; Supplies</td>
<td>☐ 28. Written permission from owner for commingling (doggie daycare)</td>
</tr>
</tbody>
</table>

**Primary Enclosures**

| ☑ 7. Structure & Repair | ☐ 19. Adequate Feed/Water |
| ☑ 8. Space | ☐ 20. Food Storage |
| ☐ 10. Adequate Shelter | ☐ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area |

**HUSBANDRY**

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

**VETERINARY CARE**

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

**RECORDS**

| ☑ 24. Description of Animals |
| ☑ 25. Records/Vet 1 Treatment |
| ☑ 26. Origin/Disposition |
| ☑ 27. Signature (boarding kennel) |
| ☑ 28. Written permission from owner for commingling (doggie daycare) |

<table>
<thead>
<tr>
<th>APPROVED</th>
<th>CONDITIONALLY APPROVED</th>
<th>DISAPPROVED</th>
</tr>
</thead>
</table>

Date: 3-30-10
Time: 9:00am
<table>
<thead>
<tr>
<th>Duties of a CET</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare animals for euthanasia .0418</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Properly record all data .0418</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Security, controlled substances .0418</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Supervise Prob. CET .0418</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Properly euthanize .0418</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Properly dispose of dead .0418</td>
<td>Acceptable</td>
</tr>
</tbody>
</table>

**Euthanasia by Injection**

- IC only on anesth. or sedated .0501
  - Acceptable

**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
- Not used on < 16 weeks .0602
- Not used on pregnant .0602
- Not used on near death .0602
- No live with dead .0603
- Animals separated .0604
- At least 1 viewport .0605
- Chamber in good order .0605
- Airtight seals present .0605
- Light shatterproof .0605
- Chamber sufficiently lit .0605
- Electrical explosion-proof .0605
- If inside, two CO monitors .0605
- Records of monthly inspection .0606
- Records of yearly inspection .0606
- Visual inspection by AWS
- Chamber cleaned b/t uses .0607
- Operational guide & ut manual .0608
- >= 2 adults present when used .0609

**Extraordinary methods**

- Acceptable

**Policy and procedure manual**

- Current copy of AWA in manual .0803
  - Acceptable
- List of approved euth. methods .0803
  - Acceptable
- Current AVMA euth. in manual .0803
  - Acceptable
- Current HSUS euth. in manual .0803
  - Acceptable
- Current AHA euth. in manual .0803
  - Acceptable
- List of CETs & methods .0803
  - Acceptable
- Contact info for DVM in PVC .0803
  - Acceptable
- Euth. methods if no CET present 0803
  - Acceptable
- Policy for verifying death .0803
  - Acceptable
- DEA certificate .0803
  - Acceptable
- MSDS sheets, chemical or gas .0803
  - Acceptable
- MSDS sheets, tranq. or anesth. .0803
  - Acceptable
- First aid information .0803
  - Acceptable
- MD contact information .0803
  - Acceptable

- Acceptable

**Signature of inspector**

3-30-10

**Date**

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

LICENSE #: 44

TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: [Handwritten text]
OWNER: [Handwritten text]
ADDRESS: [Handwritten text]
TELEPHONE: [Handwritten text]

<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></td>
<td>Euthanasia inspection: And euthanasia inspection performed today. Facility utilizes EBI only. Euthanasia performed by Dr. Amanda Hudson &amp; CET Peggy Combee. Sodium pentobarbital was the drug used &amp; administered through IV injection. Facility has their own DEA license and is frequently inspected by Dr. Ralph Hauser. Manual is complete.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility inspection: Cracks in floor are being addressed through a contractor that is to start April 12th. New part of building is having some issues - drains are not draining properly. Office needs to be relocated. Exterior building does not Ventilation properly. All these items are being addressed with contractor &amp; architect.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility is 6th at inspection. Cleaning is ongoing.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED [Signature]

CONDIONALLY APPROVED

DISAPPROVED

Date: 3-30-10    Time: 9:00am

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

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