

**NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431**

Entered

| | |
|---------|-------------------------------------|
| INDOOR | <input type="checkbox"/> |
| OUTDOOR | <input type="checkbox"/> |
| BOTH | <input checked="" type="checkbox"/> |

| | |
|---------------------------|--|
| Type of Inspection | |
| New | <input type="checkbox"/> |
| Annual | <input type="checkbox"/> |
| Follow-Up | <input type="checkbox"/> |
| (Prev. Inspection Date) | |
| Complaint | <input type="checkbox"/> |
| Courtesy | <input type="checkbox"/> |
| Random | <input checked="" type="checkbox"/> <i>Euth.</i> |

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.39428 W: 78.79906

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 McKay Pl. Lillington NC 27546
 TELEPHONE: (910) 814-2952
 VMO: Hunter
 COUNTY: Harnett

Number of Primary Enclosures 70 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**

- | | | |
|---|--|--|
| <p>STRUCTURE</p> <p><u>Housing Facilities</u></p> <p><input checked="" type="checkbox"/> 1. Structure & Repair</p> <p><input checked="" type="checkbox"/> 2. Ventilation & Temp.</p> <p><input checked="" type="checkbox"/> 3. Lighting</p> <p><input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors</p> <p><input checked="" type="checkbox"/> 5. Storage</p> <p><input checked="" type="checkbox"/> 6. Water Drainage</p> <p><u>Primary Enclosures</u></p> <p><input checked="" type="checkbox"/> 7. Structure & Repair</p> <p><input checked="" type="checkbox"/> 8. Space</p> <p><input checked="" type="checkbox"/> 9. Ventilation & Temp.</p> <p><input checked="" type="checkbox"/> 10. Adequate Shelter</p> | <p>SANITATION</p> <p><input checked="" type="checkbox"/> 11. Waste Disposal</p> <p><input checked="" type="checkbox"/> 12. Odor</p> <p><input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors</p> <p><input checked="" type="checkbox"/> 14. Primary Enclosures</p> <p><input checked="" type="checkbox"/> 15. Equipment & Supplies</p> <p><input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins</p> <p><input checked="" type="checkbox"/> 17. Insect/Vermin Control</p> <p><input checked="" type="checkbox"/> 18. Building & Grounds</p> <p><u>HUSBANDRY</u></p> <p><input checked="" type="checkbox"/> 19. Adequate Feed/Water</p> <p><input checked="" type="checkbox"/> 20. Food Storage</p> <p><input checked="" type="checkbox"/> 21. Personnel</p> <p><input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area</p> <p><input checked="" type="checkbox"/> 23. Animals' Appearance</p> | <p>SPECIAL ITEMS</p> <p><u>Records</u></p> <p><input checked="" type="checkbox"/> 24. Description of Animals</p> <p><input checked="" type="checkbox"/> 25. Records/Vet Treatment</p> <p><input checked="" type="checkbox"/> 26. Origin/Disposition</p> <p><input checked="" type="checkbox"/> 27. Signature (boarding kennel)</p> <p><input checked="" type="checkbox"/> 28. Written permission from owner for commingling (doggie daycare)</p> <p><u>Transportation</u></p> <p><input checked="" type="checkbox"/> 29. Care in Transit Discussed</p> <p><u>Veterinary Care</u></p> <p><input checked="" type="checkbox"/> 30. Isolation Facility</p> <p><input checked="" type="checkbox"/> 31. No Signs of Illness/Treated</p> |
|---|--|--|

APPROVED ~~CONDITIONALLY APPROVED~~ DISAPPROVED Date: 3-30-10 Time: 9:00am

E. De _____ Inspector's Signature _____ Owner/Authorized Agent's Signature

AW-2 White= Office Canary= Inspector Pink= Owner

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

Animal Welfare Section, NCDA&CS
Euthanasia Inspection Report

Name of business
 City License number (if currently licensed) license type

Duties of a CET

| | | |
|---|---|--|
| Prepare animals for euthanasia .0418 <input type="text" value="Acceptable"/> | Properly record all data .0418 <input type="text" value="Acceptable"/> | Security, controlled substances .0418 <input type="text" value="Acceptable"/> |
| Supervise Prob. CET .0418 <input type="text" value="Acc N/A"/> | Properly euthanize .0418 <input type="text" value="Acceptable"/> | Properly dispose of dead .0418 <input type="text" value="Acceptable"/> |

Euthanasia by Injection

IC only on anesth. or sedated .0501

Euthanasia by CO

| | | | |
|---|---|---|--|
| Use only bottled gas .0601 <input type="text"/> | Use only comm. mfd chamber .0601 <input type="text"/> | Only same species in chamber .0601 <input type="text"/> | In chamber for >= 20 min. .0601 <input type="text"/> |
| Not used on < 16 weeks .0602 <input type="text"/> | Not used on pregnant .0602 <input type="text"/> | Not used on near death .0602 <input type="text"/> | No live with dead .0603 <input type="text"/> |
| Animals separated .0604 <input type="text"/> | At least 1 viewport .0605 <input type="text"/> | Chamber in good order .0605 <input type="text"/> | Airtight seals present .0605 <input type="text"/> |
| Light shatterproof .0605 <input type="text"/> | Chamber sufficiently lit .0605 <input type="text"/> | Electrical explosion-proof .0605 <input type="text"/> | If inside, two CO monitors .0605 <input type="text"/> |
| Records of monthly inspection .0606 <input type="text"/> | Records of yearly inspection .0606 <input type="text"/> | Visual inspection by AWS <input type="text"/> | |
| Chamber cleaned b/t uses .0607 <input type="text"/> | Operational guide & or manual .0608 <input type="text"/> | >= 2 adults present when used .0609 <input type="text"/> | |

Extraordinary methods

Reports of extraordinary euth. .0705

Policy and procedure manual

| | | | |
|---|---|---|--|
| Current copy of AWA in manual .0803 <input type="text" value="Acceptable"/> | Current AVMA euth. in manual .0803 <input type="text" value="Acceptable"/> | Current HSUS euth. in manual .0803 <input type="text" value="Acceptable"/> | Current AHA euth. in manual .0803 <input type="text" value="Acceptable"/> |
| List of approved euth. methods .0803 <input type="text" value="Acceptable"/> | List of CETs & methods .0803 <input type="text" value="Acceptable"/> | Contact info for DVM in PVC .0803 <input type="text" value="Acceptable"/> | Contact info for DVM care .0803 <input type="text" value="Acceptable"/> |
| List after hour euth. meth. 0803 <input type="text" value="Acceptable"/> | Euth. methods if no CET present 0803 <input type="text" value="Acceptable"/> | Policy for verifying death .0803 <input type="text" value="Acceptable"/> | Contact info for suppliers. 0803 <input type="text" value="Acceptable"/> |
| DEA certificate .0803 <input type="text" value="Acceptable"/> | MSDS sheets, chemical or gas .0803 <input type="text" value="Acceptable"/> | MSDS sheets, tranq. or anesth. .0803 <input type="text" value="Acceptable"/> | Signs & symptoms, human .0803 <input type="text" value="Acceptable"/> |
| First aid information .0803 <input type="text" value="Acceptable"/> | MD contact information .0803 <input type="text" value="Acceptable"/> | | |

e. De Signature of inspector 3-30-10 date page 2 of 3 [Signature] Signature of management

