ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.391428 W: 78.799010

LICENSE #: 44
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Harnett Co. Animal Control
OWNER: Harnett Co. Gov.
ADDRESS: 1030 Mail Service Center, Raleigh, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431
VMO Hunter COUNTY Harnett

Number of Primary Enclosures: 10 Animals Present: Dogs 45 Cats 36

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: 2-23-11 Time: 9:00 am - 11:45 am

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2 Rev. 1/07 White= Office Canary= Inspector Pink= Owner
PAGE 1 OF 3
**License number (if currently licensed)**

**License number:** 44

**License type:** 44

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### Duties of a CET

<table>
<thead>
<tr>
<th>Task</th>
<th>Acceptable</th>
<th>Acceptable</th>
<th>Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare animals for euthanasia .0418</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly record all data .0418</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Properly euthanize .0418</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Properly dispose of dead .0418</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervise Prob. CET .0418</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Security, controlled substances .0418</td>
<td></td>
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</tbody>
</table>

**Euthanasia by Injection**

<table>
<thead>
<tr>
<th>Task</th>
<th>Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Euthanasia by Injection</td>
<td></td>
</tr>
<tr>
<td>Use only bottled gas .0601</td>
<td></td>
</tr>
<tr>
<td>Use only comm. mfd chamber .0601</td>
<td></td>
</tr>
<tr>
<td>Use only same species in chamber .0601</td>
<td></td>
</tr>
<tr>
<td>In chamber for &gt;= 20 min. .0601</td>
<td></td>
</tr>
<tr>
<td>Not used on &lt; 16 weeks .0602</td>
<td></td>
</tr>
<tr>
<td>Not used on pregnant .0602</td>
<td></td>
</tr>
<tr>
<td>Not used on near death .0602</td>
<td></td>
</tr>
<tr>
<td>No live with dead .0603</td>
<td></td>
</tr>
<tr>
<td>Animals separated .0604</td>
<td></td>
</tr>
<tr>
<td>At least 1 viewport .0605</td>
<td></td>
</tr>
<tr>
<td>Chamber in good order .0605</td>
<td></td>
</tr>
<tr>
<td>Airtight seals present .0605</td>
<td></td>
</tr>
<tr>
<td>Light shatterproof .0605</td>
<td></td>
</tr>
<tr>
<td>Chamber sufficiently lit .0605</td>
<td></td>
</tr>
<tr>
<td>Electrical explosion proof .0605</td>
<td></td>
</tr>
<tr>
<td>If inside, two CO monitors .0605</td>
<td></td>
</tr>
</tbody>
</table>

**Records of monthly inspection .0606**

- [ ]

**Records of yearly inspection .0606**

- [ ]

**Visual inspection by AWS**

- [ ]

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### Extraordinary methods

- [ ]

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### Policy and procedure manual

- [ ]

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**Signature of inspector**

E. Johnson

**2-23-11**

**Date**

- [ ]

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**Signature of management**

X. "Rhoda Hudson"
License #: 44
Type Facility: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
Business Name: Harrell County 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></td>
<td>Purpose of today's inspection is to perform shelter's annual Euthanasia inspection &amp; to check records. Shelter currently has 3 certified Euthanasia technicians. They are: Rhonda Hudson, Steve Berube, Thomas Luczak. All 3 euthanasia technicians performed euthanasia by ESI today &amp; performed to standards. All ESI's showed the ability to maneuver euthanasia in any given circumstance to standard. Death was verified by all 3's in an acceptable way to include: ocular reflex, lack of heartbeat, inspirations &amp; lack of capillary refill. All shelter records from January 1st - until today were in order, organized &amp; acceptable by the AWL Code/Regulations. Work on the floors in the back kennel start today.</td>
<td></td>
</tr>
</tbody>
</table>

Approved □ Disapproved □
Date: 2-23-11 Time: 9am-11:45am

Inspector’s Signature: Rhonda Hudson
Owner/Authorized Agent’s Signature: ________

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