**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: 35.39428   W: 78.79906**

**LICENSE #: 44**  
**TYPE FACILITY: Animal Shelter**

**BUSINESS NAME:** County of Harnett Animal Control

**OWNER:** Harnett Co. Government  
**ADDRESS:** 10 McKay PI, Lillington, NC 27546  
**TELEPHONE:** (910) 848-2952  
**VMO** Hunter  
**COUNTY** Harnett

**Number of Primary Enclosures:** 70  
**Animals Present:** Dogs 39, Cats 13

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

### STRUCTURE

<table>
<thead>
<tr>
<th>Housing Facilities</th>
<th>Sanitation</th>
<th>Husbandry</th>
<th>Special Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Ceiling, Wall, Floors</td>
<td>14. Primary Enclosures</td>
<td>22. Ratio of 1:10 personnel to animals if &gt;4 in primary enclosure or common area</td>
<td>27. Signature (boarding kennel)</td>
</tr>
<tr>
<td>5. Storage</td>
<td>15. Equipment &amp; Supplies</td>
<td>23. Animals’ Appearance</td>
<td>28. Written permission from owner for commingling (doggie daycare)</td>
</tr>
</tbody>
</table>

**APPROVED**  
**Inspector’s Signature**

**CONDITIONALLY APPROVED**  
**Date:** 11/3/18  
**Time:** 9:45 AM  
**Owner/Authorized Agent’s Signature**

**DISAPPROVED**  
**Date:** 11/3/18  
**Time:** 9:45 AM  
**Owner/Authorized Agent’s Signature**
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 44
TYPE FACILITY: Animal Shelter (Private/Public) [x] Boarding Kennel [ ] Pet Shop [ ] Public Auction [ ]
BUSINESS NAME: County of Harrell
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>* Reseal &amp; recaulk floor cracks.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Fix all broken Gillotine doors.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Pressure wash building to remove insects</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* 45 Day reinspect.</td>
<td></td>
</tr>
</tbody>
</table>

Today's Inspection:

#4 - Floors have been pressure washed & baseboards resealed. However, floors themselves still need to be repainted & cracks sealed.

* All gillotine style doors have been replaced.
* Building has been pressure washed & floors a lot better.

Also performed a Euthanasia inspection today. CTR Steve Burd, & Tom Cusak were performing Euthanasia today. Euthanasia performed here by EBI with Sodium Pentobarbital. All drugs are under double lock & managed through DVM. Ralph Hauser, methods was performed adequately to Standards. All paperwork in order.

☑ APPROVED ☐ DISAPPROVED Date: 11-3-10 Time: 9:45am.

Elisa D. [Signature] Owner/Authorized Agent’s Signature

Inspector’s Signature

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

PAGE 2 OF 3
### Animal Welfare Section, NCDA&CS

#### Euthanasia Inspection Report

<table>
<thead>
<tr>
<th>Name of business</th>
<th>County of Harnett</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Lillington</td>
</tr>
</tbody>
</table>

**License number (if currently licensed)**: 44  
**License type**: 40

**Duties of a CET**

1. Prepare animals for euthanasia: **Acceptable**
2. Properly record all data: **Acceptable**
4. Supervise Prob. CET: **N/A**
5. Properly euthanize: **Acceptable**
6. Properly dispose of dead: **Acceptable**

#### Euthanasia by Injection

- IC only on anesth. or sedated: **Not Viewed**

#### Euthanasia by CO

- 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 view port: **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**

#### Extraordinary methods

- Reports of extraordinary euth: **Acceptable**

#### Policy and procedure manual

- 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. meth: **Acceptable**
- Euth. methods if no CET present: **Acceptable**
- Policy for verifying death: **Acceptable**
- DEA certificate: **Acceptable**
- MSDS sheets, chemical or gas: **Acceptable**
- MSDS sheets, tranq. or anesth.: **Acceptable**
- First aid information: **Acceptable**
- MD contact information: **Acceptable**

- F. Aiken  
  Signature of inspector  
  11-3-10  
  Date  
  P. Hudson  
  Signature of management