

Entered

Type of Inspection
 New _____
 Annual _____
 Follow-Up _____
 (Prev. Inspection Date)
 Complaint _____
 Courtesy _____
 Random 4-14-10

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

INDOOR
 OUTDOOR
 BOTH

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.92068 W: 79.33505

LICENSE #: 96
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: City of Dunn Animal Control
 OWNER: City of Dunn
 ADDRESS: 1065 J.W. Edwards Ln. Dunn NC 28724
 TELEPHONE: (910) 892-3777
 VMO: Hunter
 COUNTY: Harnett

Number of Primary Enclosures 40 Animals Present: Dogs 19 Cats 12

**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> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Structure & Repair <input checked="" type="checkbox"/> 2. Ventilation & Temp. <input checked="" type="checkbox"/> 3. Lighting <input checked="" type="checkbox"/> 4. Ceiling, Wall, Floors <input checked="" type="checkbox"/> 5. Storage <input checked="" type="checkbox"/> 6. Water Drainage <p><u>Primary Enclosures</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 7. Structure & Repair <input checked="" type="checkbox"/> 8. Space <input checked="" type="checkbox"/> 9. Ventilation & Temp. <input checked="" type="checkbox"/> 10. Adequate Shelter | <p>SANITATION</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 11. Waste Disposal <input checked="" type="checkbox"/> 12. Odor <input checked="" type="checkbox"/> 13. Ceiling, Wall, Floors <input checked="" type="checkbox"/> 14. Primary Enclosures <input checked="" type="checkbox"/> 15. Equipment & Supplies <input checked="" type="checkbox"/> 16. Washrooms, Sinks, Basins <input checked="" type="checkbox"/> 17. Insect/Vermin Control <input checked="" type="checkbox"/> 18. Building & Grounds <p><u>HUSBANDRY</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 19. Adequate Feed/Water <input checked="" type="checkbox"/> 20. Food Storage <input checked="" type="checkbox"/> 21. Personnel <input checked="" type="checkbox"/> 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area <input checked="" type="checkbox"/> 23. Animals' Appearance | <p>SPECIAL ITEMS</p> <p><u>Records</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 24. Description of Animals <input checked="" type="checkbox"/> 25. Records/Vet Treatment <input checked="" type="checkbox"/> 26. Origin/Disposition <input checked="" type="checkbox"/> 27. Signature (boarding kennel) <input checked="" type="checkbox"/> 28. Written permission from owner for commingling (doggie daycare) <p><u>Transportation</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 29. Care in Transit Discussed <p><u>Veterinary Care</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 30. Isolation Facility <input checked="" type="checkbox"/> 31. No Signs of Illness/
Treated |
|---|--|--|

APPROVED ~~CONDITIONALLY APPROVED~~ DISAPPROVED

Inspector's Signature: E. A. Owner/Authorized Agent's Signature: [Signature]

Date: 4-14-10 Time: 9:20am

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

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="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"/>		

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 96
 TYPE FACILITY: Animal Shelter (Private) (Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: City of Dunn
 OWNER: _____
 ADDRESS: _____ (CONET)
 TELEPHONE: () _____ - _____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I performed a euthanasia inspection, today as well as a random facility inspection. Patti (EET) euthanized a kitten today by IP injection of Sodium Pentobarbital. Drugs are checked out from a local veterinary - Dr. Marilyn Brewer & returned after daily euthanasia. Death was verified by cardiac standstill, lack of respiration, & lack of corneal reflex.	
	Facility inspection: No inadequacies noted at this inspection.	

APPROVED ~~CONDITIONALLY APPROVED~~ DISAPPROVED Date: 4-14-10 Time: 9:30

 Inspector's Signature Owner/Authorized Agent's Signature