

**Type of Inspection**  
 New  \_\_\_\_\_  
 Annual  \_\_\_\_\_  
 Follow-Up  \_\_\_\_\_  
 (Prev. Inspection Date)  
 Complaint  \_\_\_\_\_  
 Courtesy  \_\_\_\_\_  
 Random  \_\_\_\_\_

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: 35.47319 W: 83.00492

LICENSE #: 51  
 TYPE FACILITY: Animal Shelter (Private)  **Public**  Boarding Kennel  Pet Shop  Public Auction   
 BUSINESS NAME: Haywood Co. Animal Control  
 OWNER: Haywood Co. Gov.  
 ADDRESS: 245 Hemlock Street Waynesville N.C.  
 TELEPHONE: (828) 456-5338  
 VMO: Hunter  
 COUNTY: Haywood

Number of Primary Enclosures 53 Animals Present: Dogs 36 Cats 9

**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  
 9. Ventilation & Temp.  
 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  **CONDITIONALLY APPROVED**  DISAPPROVED Date: 10-1-09 Time: 2:00

Mary Stoney  
 Inspector's Signature

[Signature]  
 Owner/Authorized Agent's Signature

Name of business Haywood Co. Animal Control

City Haywood (Haywood Co) License number (if currently licensed) 51 license type 44

**Duties of a CET**

Prepare animals for euthanasia .0418 NA Properly record all data .0418 NA Security, controlled substances .0418 NA

Supervise Prob. CET .0418 NA Properly euthanize .0418 NA Properly dispose of dead .0418 NA

*No Cets At Present Time.*

**Euthanasia by Injection**

IC only on anesth. or sedated .0501 NA

**Euthanasia by CO**

~~Use only bottled gas .0601 NA Use only comm. mfd chamber .0601 NA Only same species in chamber .0601 NA In chamber for >= 20 min. .0601 NA~~

~~Not used on < 16 weeks .0602 NA Not used on pregnant .0602 NA Not used on near death .0602 NA No live with dead .0603 NA~~

~~Animals separated .0604 NA At least 1 viewport .0605 NA Chamber in good order .0605 NA Airtight seals present .0605 NA~~

~~Light shatterproof .0605 NA Chamber sufficiently lit .0605 NA Electrical explosion-proof .0605 NA If inside, two CO monitors .0605 NA~~

Records of monthly inspection .0606 NA

Records of yearly inspection .0606 NA

Visual inspection by AWS NA

~~Chamber cleaned b/t uses .0607 NA Operational guide & or manual .0608 NA >= 2 adults present when used .0609 NA~~

**Extraordinary methods**

Reports of extraordinary euth. .0705 Adequate

**Policy and procedure manual**

Current copy of AWA in manual .0803 Adequate Current AVMA euth. in manual .0803 Adequate Current HSUS euth. in manual .0803 Adequate Current AHA euth. in manual .0803 Adequate

List of approved euth. methods .0803 Adequate List of CETs & methods .0803 Not Applicable Contact info for DVM in PVC .0803 Adequate Contact info for DVM care .0803 Adequate

List after hour euth. meth. 0803 Adequate Euth. methods if no CET present 0803 Adequate Policy for verifying death .0803 Adequate Contact info for suppliers. 0803 Adequate

DEA certificate .0803 Not Applicable MSDS sheets, chemical or gas .0803 Not Applicable MSDS sheets, tranq. or anesth. .0803 Adequate Signs & symptoms, human .0803 Adequate

First aid information .0803 Adequate MD contact information .0803 Adequate

Mary Stany  
Signature of inspector

10-1-09  
date

[Signature]  
Signature of management

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
*Euthanasia	Inspection - Sections 0418, 0501, 0601, 0602, 0603, 0604, 0605, 0606, 0607, 0608, 0609. No Cets presently at the Shelter. At this time, all Euthanasia is being performed by Kristen Hammett (DVM). No Drugs are kept on site. Euth is done on site. All records of Drugs are kept with (DVM) Kristen Hammett. All info in 0603 of inspection report is kept on site and very easily accessible.	
#7	Shelter was closed recently for major floor resurfacing and repainting. During this inspection and walking through each kennel run, the material used or in the manner it was applied is not going to be acceptable. Many places within each enclosure is already peeling and coming up. Info of new material has been given to Jean. I'm asking her to meet with County and give me a reasonable time frame of when it can be re-done.	

APPROVED     CONDITIONALLY APPROVED     DISAPPROVED    Date: 10-1-06 Time: 2:00

Gary Stang Inspector's Signature      [Signature] Owner/Authorized Agent's Signature