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: 35.17763 W: 80.82532

LICENSE #: 38
TYPE FACILITY: Animal Shelter (Public) 
Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Trendell Co Animal Shelter
OWNER: 
ADDRESS: 843 Twin Oaks Rd Statesville
TELEPHONE: (704) 878-5424
VMO 
COUNTY 

Number of Primary Enclosures: 180 
Animals Present: Dogs ☐ Cats ☐

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

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)

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

TRANSPORTATION
□ 29. Care in Transit Discussed

VETERINARY CARE
□ 30. Isolation Facility
□ 31. No Signs of Illness/Treated

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 7/6/19 Time: 09:30

Inspector’s Signature: 
Owner/Authorized Agent’s Signature: 

AW-2, Rev. 1/07
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 88
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: [Redacted]
OWNER: [Redacted]
ADDRESS: [Redacted]
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>I WITNESSED THE EUTHANASIA OF FOUR ADULT DOGS BY INJECTION OF SODIUM PENTOBARBITAL.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IN ALL INSTANCES EUTHANASIA WAS PERFORMED PROPERLY AND HUMANELY. DEATH WAS VERIFIED BY</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TWO CETS AND ANIMALS WERE PROPERLY DISPOSED OF.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CATS AND KITTENS ARE HOUSED PROPERLY</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐
Date: 2/6/9 Time: 9:30

[Signatures]
Inspector's Signature
Owner/Authorized Agent's Signature

AW-2 Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
PAGE 2 OF 3
### Euthanasia Inspection Report

**Name of business**: Tedco Co. Animal Control  
**City**: Statesville  
**License number (if currently licensed)**: 38  
**License type**: NC

#### Duties of CET
- Prepare animals for euthanasia .0418  
- Properly record all data .0418  
- Security, controlled substances .0418
  - **Acceptable**
- Supervise Prob. CET .0418  
- Properly euthanize .0418  
- Properly dispose of dead .0418
  - **Acceptable**

**Euthanasia by injection**
- IC only on anesth. or sedated .0501
  - **Acceptable**

**Use only bottled gas .0601**
- **Acceptable**

**Use only comm. mfd chamber .0601**
- **Acceptable**

**Only same species in chamber .0601**
- **Acceptable**

**In chamber for >= 20 min. .0601**
- **Acceptable**

**Not used on < 16 weeks .0602**
- **Acceptable**

**Not used on pregnant .0602**
- **Acceptable**

**Not used on near death .0602**
- **Acceptable**

**No live with dead .0603**
- **Acceptable**

**Animals separated .0604**
- **Acceptable**

**At least 1 viewport .0605**
- **Acceptable**

**Chamber in good order .0605**
- **Acceptable**

**Airtight seals present .0605**
- **Acceptable**

**Light shatterproof .0605**
- **Acceptable**

**Chamber sufficiently lit .0605**
- **Acceptable**

**Electrical explosion-proof .0605**
- **Acceptable**

**If inside, two CO monitors .0605**
- **Acceptable**

**Records of monthly inspection .0606**
- **Acceptable**

**Records of yearly inspection .0606**
- **Acceptable**

**Visual inspection by AWS**
- **Acceptable**

**Chamber cleaned b/t uses .0607**
- **Acceptable**

**Operational guide & or manual .0608**
- **Acceptable**

**>= 2 adults present when used .0609**
- **Acceptable**

**Reports of extraordinary euth .0705**
- **Acceptable**

#### Policy and procedural manual
- Current copy of AWA in manual .0803
  - **Acceptable**

- Current AVMA euth. in manual .0803
  - **Acceptable**

- Current HSUS euth. in manual .0803
  - **Acceptable**

- Current AHA euth. in manual .0803
  - **Acceptable**

- List of approved euth. methods .0803
  - **Acceptable**

- List of CETs & methods .0803
  - **Acceptable**

- Contact info for DVM in PVC .0803
  - **Acceptable**

- Contact info for DVM care .0803
  - **Acceptable**

- List after hour euth. meth .0803
  - **Acceptable**

- Euth. methods if no CET present .0803
  - **Acceptable**

- Policy for verifying death .0803
  - **Acceptable**

- Contact info for suppliers .0803
  - **Acceptable**

- DEA certificate .0803
  - **Acceptable**

- MSDS sheets, chemical or gas .0803
  - **Acceptable**

- MSDS sheets, tranq. or anesth .0803
  - **Acceptable**

- Signs & symptoms, human .0803
  - **Acceptable**

- First aid information .0803
  - **Acceptable**

- MD contact information .0803
  - **Acceptable**

**Signature of inspector**: Aubrey Advis  
**Date**: 12/3/09  
**Page**: 3 of 3  
**Signature of management**: [Signature]