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: 35.48558 W: 81.23925

LICENSE #: 116
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Lincoln Co. Animal Services
OWNER: Lincoln Co.
ADDRESS: 650 John Howell Men Drive, Lincolnton N.C.
TELEPHONE: (704) 736-8517
VMO: Heather
COUNTY: Lincoln

Number of Primary Enclosures: 180
Animals Present: Dogs 114 Cats 94

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 X
2. Ventilation & Temp. X
3. Lighting X
4. Ceiling, Wall, Floors X
5. Storage X
6. Water Drainage X

Primary Enclosures
7. Structure & Repair X
8. Space X
10. Adequate Shelter X

SANITATION

11. Waste Disposal X
12. Odor X
13. Ceiling, Wall, Floors X
14. Primary Enclosures X
15. Equipment & Supplies X
16. Washrooms, Sinks, Basins X
17. Insect/Vermin Control X
18. Building & Grounds X

HUSBANDRY

19. Adequate Feed/Water X
20. Food Storage X
21. Personnel X
22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area X
23. Animals' Appearance X

SPECIAL ITEMS

Records
24. Description of Animals X
25. Records/Vet Treatment X
26. Origin/Disposition X
27. Signature (boarding kennel) NA
28. Written permission from owner for commingling (doggie daycare) X

Transportation
29. Care in Transit Discussed X

Veterinary Care
30. Isolation Facility X
31. No Signs of Illness/ Treated

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Date: 5/1/2011 Time: 5:10

Owner/Authorized Agent's Signature

Inspector's Signature

White= Office
Canary= Inspector
Pink= Owner

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 76
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Lincoln Co. Animal Services
OWNER: Lincoln Co.
ADDRESS: 650 John Howell Mem. Drive, Lincolnton NC.
TELEPHONE: (704) 736-8817

<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>#7</td>
<td>Enclosures in H lot need to have channel eared at bottoms of enclosures to prevent cross-contamination. Some panels are showing rusting on surface and are scheduled to be replaced.</td>
<td></td>
</tr>
</tbody>
</table>

All areas noted in last inspection have been addressed. Most of the inadequate Items have been addressed exceeding my expectations (great job). Drugs, Surrender Forms, breeds, intake, Kennel cards - 100% in order. Notice since last inspection Co. Chamber was taken out of use on 12/17/10 and Destroyed on 2/12/11.

No Euthanasia was needed at time of inspection but all records Druggs and Security of Drugs were in very good order (good job).
Policy Procedure Manual was in place and was also in very good order.
Facility was in great shape, very clean, very organized.

Approved ☒ Conditionally Approved ☐ Disapproved ☐ Date: 3/12/11 Time: 5:00

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

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

PAGE 3 OF 3
## Euthanasia Inspection Report

**Name of business:** Lincoln Co. Animal Services  
**City:** Lincolnton  
**License number:** 76  
**License type:** 44

<table>
<thead>
<tr>
<th>Date of inspection</th>
<th>Score</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare animals for euthanasia .0418</td>
<td>N/A</td>
<td>Adequate</td>
</tr>
<tr>
<td>Supervise Prob. CET .0418</td>
<td>N/A</td>
<td>Adequate</td>
</tr>
<tr>
<td>Properly record all data .0418</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>Security, controlled substances .0418</td>
<td>N/A</td>
<td>No euth needed on 5/12/11</td>
</tr>
<tr>
<td>Properly euthanize .0418</td>
<td>N/A</td>
<td>Adequate</td>
</tr>
<tr>
<td>Properly dispose of dead .0418</td>
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<td></td>
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**IC only on anesth, or sedated .0501**  
**Use only bottled gas .0601**  
**Use only comm. mfd chamber .0601**  
**Only same species in chamber .0601**  
**In chamber for >= 20 min. .0601**

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<thead>
<tr>
<th>Score</th>
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<tbody>
<tr>
<td>N/A</td>
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**Animals separated .0604**  
**At least 1 viewport .0605**  
**Chamber sufficiently lit .0605**  
**Electrical explosion-proof .0605**  
**Records of monthly inspection .0606**  
**Records of yearly inspection .0606**  
**Visual inspection by AWS**

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

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**Reports of extraordinary euth .0705**  
**Policy and procedure manual**

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**Current copy of AWA in manual .0803**  
**List of approved euth. methods .0803**  
**List of CET's & methods .0803**  
**Euth. methods if no CET present 0803**  
**DEA certificate .0803**  
**MSDS sheets, chemical or gas .0803**  
**MSDS sheets, tranquilizers or anesth. .0803**  
**First aid information .0803**  
**MD contact information .0803**  
**Contact info for DVM in PVC .0803**  
**Policy for verifying death .0803**  
**Contact info for suppliers .0803**  
**Signs & symptoms, human .0803**  
**Adequate**

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**Signature of inspector:** David Stanley  
**Date:** 5/12/11  
**Signature of management:**