**ANIMAL WELFARE INSPECTION**

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

- **Type of Inspection**
  - New
  - Annual
  - Follow-Up

- **Complaint**
  - 0

- **GPS Coordinates**
  - N: 35° 86' 64.44''
  - W: 77° 09' 52.8''

- **LICENSE #:** 89

- **TYPE FACILITY:** Animal Shelter (Private)
- **BUSINESS NAME:** Martin Co Animal Control Shelter

- **OWNER:** Martin Co Government

- **ADDRESS:** 1411 Landfill Rd Wilson, NC

- **TELEPHONE:** (252) 789-4316

- **COUNTY:** Martin

- **Number of Primary Enclosures:** 11

- **Animals Present:** Dogs 24, Cats 0

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**STRUCTURE**

**Housing Facilities**

- 1. Structure & Repair
- 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

**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**

- 24. Description of Animals
- 25. Records/Vet Treatment
- 26. Origin/Disposition
- 27. Signature (boarding kennel)
- 28. Written permission from owner for commingling (doggie daycare)
- 29. Care in Transit Discussed
- 30. Isolation Facility
- 31. No Signs of Illness/Treated

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

**APPROVED **

**Date:** 2/1/1

**Time:** 10:30 am

**Owner/Authorized Agent’s Signature**

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**AW-2**
**Rev. 1/07**

**White= Office**

**Canary= Inspector**

**Pink= Owner**

**PAGE 1 OF 2**
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 89**

**TYPE FACILITY:** Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □

**BUSINESS NAME:** Martin Co Animal Control Shelter

**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>1</td>
<td>I performed a follow-up inspection today on 12/10/10. The inspection noted some inadequacies that needed to be addressed. The problem was repaired. There is now blankets and newspapers in the kennel for resting surfaces. The only inadequacy that still needs to be addressed is picking up the waste at the end of the drains.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I performed a reinspection on 12/18/10. However, the inspection was disapproved because a former officer had taken the manual. On today's inspection, the manual was back at the shelter and all the required information was in the manual.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Dr. Shetton performs the ERT for the shelter at this time.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The county is in the process of constructing a cat room. The officers are not impounding cats unless the cats have bitten and need to be quarantined.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED □ DISAPPROVED**

Date: 2/1/11 Time: 12:30 PM

**Inspector's Signature**

**Owner/Authorized Agent’s Signature**

**AW-2 Rev. 1/07**

<table>
<thead>
<tr>
<th>White= Office</th>
<th>Canary= Inspector</th>
<th>Pink= Owner</th>
</tr>
</thead>
</table>

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## Euthanasia Inspection Report

**Name of business:** Manin-Ca Animal Control Shelter  
**City:** Wilmington, NC  
**License number (if currently licensed):** 89  
**License type:** 044  

### Duties of a CET

1. **Prepare animals for euthanasia .0418**  
   - Acceptable

2. **Properly record all data .0418**  
   - Acceptable

3. **Security, controlled substances .0418**  
   - N/A

4. **Supervise Prob. CET .0418**  
   - N/A

5. **Properly euthanize .0418**  
   - Acceptable

6. **Properly dispose of dead .0418**  
   - Acceptable

### Euthanasia by Injection

1. **I.C. only on anesth. or sedated .0501**  
   - N/A

### Euthanasia by CO

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16. **If inside, two CO monitors .0605**  
    - N/A

### Records

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

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

3. **Visual inspection by AWS**  
   - N/A

### Chamber

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

2. **Operational guide & or manual .0608**  
   - >= 2 adults present when used .0609
   - Acceptable

### Extraordinary methods

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

### Policy and procedure manual

1. **Current copy of AWA in manual .0803**  
   - Acceptable

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

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

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

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

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

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

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

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

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

11. **DEA certificate. 0803**  
    - N/A

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

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

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

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

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

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**Signature of inspector:** [Signature]  
**Date:** [Date]  
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