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° 36' 44.4" W: 77° 09' 52.5"

LICENSE #: 89
TYPE FACILITY: Animal Shelter (Private Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Martin Co Animal Control/Animal Shelter
OWNER: Martin Co Government
ADDRESS: 1411 LaFelm Rd, Williamston NC
TELEPHONE: (352) 728-4316
VMO: □ Yes □ No
COUNTY: Martin

Number of Primary Enclosures 11 Animals Present: Dogs 7 Cats 0

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

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 ☒ DISAPPROVED
Date: 12/10/00 Time: 11:50am

Inspector's Signature

Owner/Authorized Agent's Signature

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

PAGE 1 OF 4
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:**

**TYPE FACILITY:** Animal Shelter (Private) & Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐

**BUSINESS NAME:** Martin CS Animal 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>[Blank]</td>
<td>I performed a follow up inspection today. On the last inspection, there were some inadequacies that needed addressing.</td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td>The shelter needed to establish a monthly check list for the gas chamber. The county has established a monthly check list.</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>The county is utilizing the services of Dr. Shelton for the animals that are euthanized by C&amp;B.</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>I observed the animal control officer perform euthanasia utilizing the gas chamber and the procedure was acceptable.</td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>The euthanasia manual has not been returned by a former animal control officer. The shelter will receive a disapproval until the manual is returned.</td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td>The animal control officer needs to make sure the equipment performed on the slips! The shelter was inspected and there was a puppy in a pen that was sick. There was a body in the bed. The puppy was taken to Dr. Shelton. I talked to Dr. Shelton and advised him what I observed. I advised Mr. Shell to think there was parvo within the shelter. Dr. Shelton was going to examine the puppy. I advised the animal control officer to talk to Dr. Shelton because he is the veterinarian who oversees the shelter.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I will return in 30 days to perform a follow-up.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There were no cats present at today's inspection. The county is not imposing any fines at this time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The county should have another employee by my next inspection. The supervisor of building maintenance is assisting the officer at this time.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☒ DISAPPROVED  

*J.E.B.*  

**Inspector’s Signature**

*MAI. HALLAN*  

**Owner/Authorized Agent’s Signature**

**Date:** 12/10/10  **Time:** 11:20am

**Inspection**  

**Canary**  Inspector  

**White**  Office  

**Pink**  Owner

**AW-2**  

**Rev. 1/07**  

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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>
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<tr>
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<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>There is one Kennel that the Kennel Door needs repair.</td>
<td></td>
</tr>
<tr>
<td>#11</td>
<td>Need to remove waste at the doors behind the shelter.</td>
<td></td>
</tr>
<tr>
<td>#15</td>
<td>There are resting surfaces in the Kennels. I would suggest placing blankets, newspapers, or towels in the Kennels also.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I will return in 30 days to ensure these inadequacies are addressed.</td>
<td></td>
</tr>
</tbody>
</table>

□ APPROVED  X DISAPPROVED  Date: 12/01/10  Time: 11:50am

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE ___ OF ___
### Animal Welfare Section
NC Department of Agriculture and Consumer Services
1030 Mail Service Center
Raleigh, NC 27699-1030

**Animal Welfare Section, NCDA&CS**
**Euthanasia Inspection Report**

Name of Business: Martin Co Animal Control
City: Wakefield, NC
License Number (if currently licensed): 89
License Type: 044

#### Duties of a CET
<table>
<thead>
<tr>
<th>Prepare animals for euthanasia .0418</th>
<th>Properly record all data .0418</th>
<th>Security controlled substances .0418</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>Unacceptable</td>
<td>Acceptable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervise Prob. CET .0418</th>
<th>Properly euthanize .0418</th>
<th>Properly dispose of dead .0418</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Acceptable</td>
<td>Acceptable</td>
</tr>
</tbody>
</table>

**Euthanasia by Injection**

- IC only on anest. or sedated .0501
  - Acceptable

**Euthanasia by CO**

- 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

- 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
  - N/A

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

<table>
<thead>
<tr>
<th>Visual inspection by AWS</th>
<th>Operational guide &amp; or manual .0608</th>
<th>&gt;= 2 adults present when used .0609</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Acceptable</td>
</tr>
</tbody>
</table>

**Extraordinary methods**

- Reports of extraordinary euth .0705
  - Acceptable

**Policy and procedure manual**

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

- List of approved euth. methods .0803
  - Unacceptable
- List of CETs & methods .0803
  - Unacceptable
- Contact info for DVM in PVC .0803
  - Unacceptable
- Contact info for DVM care . 0803
  - Unacceptable

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

- DEA certificate .0803
  - Unacceptable
- MSDS sheets, chemical or gas .0803
  - Unacceptable
- MSDS sheets, tranq. or anesth. .0803
  - Unacceptable
- Signs & symptoms, human .0803
  - Unacceptable

- First aid information .0803
  - Unacceptable
- MD contact information .0803
  - Unacceptable

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Signature of inspector: [Signature]
Date: 12/10/10
Page 1 of 5
Signature of management: [Signature]