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: 35.11477  W: 80.54889

LICENSE #: 08
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Charlotte/Meck Animal Control
OWNER: 
ADDRESS: 8315 Byrum Dr
TELEPHONE: (704) 336-6695
VMO ☑ Meck
COUNTY ☑ Meck

Number of Primary Enclosures ☑ Animals Present: Dogs 114 Cats 112

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 ☑ CONDITIONALLY APPROVED ☐ DISAPPROVED ☐

Date: 09/4/09 Time: 11:00

Inspector: Signature

Owner/Authorized Agent’s Signature

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

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<th>Name of business</th>
<th>Charlotte/Mock Animal Control</th>
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<tr>
<td>City</td>
<td>Charlotte</td>
</tr>
<tr>
<td>License number (if currently licensed)</td>
<td>68</td>
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<td>License type</td>
<td>States</td>
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**Euthanasia Inspection Report**

**Checklist**

- 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

**IC only on anesth. or sedated .0501**
- N/A

**Euthanasia chamber**

- Use only bottled gas .0601
- Use only comm. mfd chamber .0601
- Only same species in chamber .0601
- In chamber for >= 20 min. .0601
- Not used on < 16 week .0602
- Not used on pregnant .0602
- Not used on near death .0602
- No live with dead .0603
- Animals separated .0604
- At least 4 viewport .0605
- Chamber in good order .0605
- Airtight seals present .0605
- Light shatterproof .0605
- Chamber sufficiently lit .0605
- Electrical explosion-proof .0605
- If inside, two CO monitors .0605
- Records of monthly inspection .0606
- Records of yearly inspection .0606
- Visual inspection by AWS
- Chamber cleaned b/t uses .0607
- Operational guide & or manual .0608
- >= 2 adults present when used .0609

**Reports of extraordinary euth. .0705**
- N/A

**Policy and procedure manual**

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

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

- List after hour euth. meth. .0803
- Euth. methods if no CET present .0803
- Policy for verifying death .0803
- Acceptable

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

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

**Signature of inspector**
- Sherry Saurin 09/24/07

**Signature of management**
- Harold Porter