

**Type of Inspection**  
 New   
 Annual   
 Follow-Up   
 (Prev. Inspection Date) \_\_\_\_\_  
 Complaint   
 Courtesy   
 Random

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

INDOOR   
 OUTDOOR   
 BOTH

**ANIMAL WELFARE INSPECTION**

GPS Coordinates - N: 35.90457 W: 82.10284

LICENSE #: 47  
 TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction   
 BUSINESS NAME: Mitchell Co. Animal Shelter/Rescue  
 OWNER: Mitchell Co.  
 ADDRESS: 249.2 19E Hwy P.O. Box 308 Spruce Pine N.C. 28777  
 TELEPHONE: (828) 765-6952  
 VMO Hunter  
 COUNTY Mitchell

Number of Primary Enclosures 60 Animals Present: Dogs 25 Cats 43

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
- 9. Ventilation & Temp.
- 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: 10/23 Time: 11:30

Gary Stany  
 Inspector's Signature

Judrea Wilkins  
 Owner/Authorized Agent's Signature

Name of business

City  License number (if currently licensed)  license type

**Duties of a CET**

Prepare animals for euthanasia .0418 <input type="text" value="Adequate"/>	Properly record all data .0418 <input type="text" value="Adequate"/>	Security, controlled substances .0418 <input type="text" value="Adequate"/>
Supervise Prob. CET .0418 <input type="text" value="not Applicable"/>	Properly euthanize .0418 <input type="text" value="Adequate"/>	Properly dispose of dead .0418 <input type="text" value="Adequate"/>

**Euthanasia by Injection**

IC only on anesth. or sedated .0501

**Euthanasia by CO**

Use only bottled gas .0601 <input type="text"/>	Use only comm. mfd chamber .0601 <input type="text"/>	Only same species in chamber .0601 <input type="text"/>	In chamber for >= 20 min. .0601 <input type="text"/>
Not used on < 16 weeks .0602 <input type="text"/>	Not used on pregnant .0602 <input type="text" value="NA"/>	Not used on near death .0602 <input type="text"/>	No live with dead .0603 <input type="text"/>
Animals separated .0604 <input type="text" value="NA"/>	At least 1 viewport .0605 <input type="text"/>	Chamber in good order .0605 <input type="text"/>	Airtight seals present .0605 <input type="text" value="NA"/>
Light shatterproof .0605 <input type="text" value="NA"/>	Chamber sufficiently lit .0605 <input type="text"/>	Electrical explosion-proof .0605 <input type="text"/>	If inside, two CO monitors .0605 <input type="text" value="NA"/>
Records of monthly inspection .0606 <input type="text"/>	Records of yearly inspection .0606 <input type="text" value="NA"/>	Visual inspection by AWS <input type="text"/>	
Chamber cleaned b/t uses .0607 <input type="text"/>	Operational guide & or manual .0608 <input type="text"/>	>= 2 adults present when used .0609 <input type="text"/>	

**Extraordinary methods**

Reports of extraordinary euth. .0705

**Policy and procedure manual**

Current copy of AWA in manual .0803 <input type="text" value="Adequate"/>	Current AVMA euth. in manual .0803 <input type="text" value="Adequate"/>	Current HSUS euth. in manual .0803 <input type="text" value="Adequate"/>	Current AHA euth. in manual .0803 <input type="text" value="Adequate"/>
List of approved euth. methods .0803 <input type="text" value="Adequate"/>	List of CETs & methods .0803 <input type="text" value="Adequate"/>	Contact info for DVM in PVC .0803 <input type="text" value="Adequate"/>	Contact info for DVM care .0803 <input type="text" value="Adequate"/>
List after hour euth. meth. 0803 <input type="text" value="Adequate"/>	Euth. methods if no CET present 0803 <input type="text" value="Adequate"/>	Policy for verifying death .0803 <input type="text" value="Adequate"/>	Contact info for suppliers. 0803 <input type="text" value="Adequate"/>
DEA certificate .0803 <input type="text" value="Adequate"/>	MSDS sheets, chemical or gas .0803 <input type="text" value="Not Applicable"/>	MSDS sheets, tranq. or anesth. .0803 <input type="text" value="Adequate"/>	Signs & symptoms, human .0803 <input type="text" value="Adequate"/>
First aid information .0803 <input type="text" value="Adequate"/>	MD contact information .0803 <input type="text" value="Adequate"/>		

*Gay Stang*  
 Signature of inspector

10/23/09  
 date

page 2 of 3

*Shirley Holman*  
 Signature of management

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

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Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
#1	<p>Exercise yards at back of facility that were gravel have now been concreted and new chawlink added around all enclosures.</p> <p>* Concrete within enclosures were not constructed so as to remove waste eff., grooves were cut inside each enclosure to ensure more proper drainage.</p> <p>* Old outside runs at very back of facility need to be either torn down and reconstructed similar to new ones, or completely repair so that they can be used.</p> <p>Euthanasia Report - During inspection on 10/23/09 3 cets properly performed euthanasia on 3 kittens. All were euthanized by (IP). All animals were properly dosed, all drugs were secure, and all data was recorded properly.</p> <p>* All cets duties were performed in a very professional manner.</p> <p style="text-align: right;"><u>Good job</u></p>	

APPROVED       CONDITIONALLY APPROVED       DISAPPROVED      Date: 10/23 Time: 11:30

Mary Stany      Heather Upken  
 Inspector's Signature      Owner/Authorized Agent's Signature