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: 2492 19E Hwy  P.O. Box 308  Spruce Pine, NC 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
☒ 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

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)

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

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

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

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

phone: (919) 715-7111    FAX: (919) 733-6431
e-mail: agr.aws@ncagr.gov    URL: www.ncaws.com

Name of business: Mitchell Co. Animal Shelter
City: Siler City
License number (if currently licensed): 47
License type: 44

Date of CET:
Prepare animals for euthanasia: Adequate
Properly record all data: Adequate
Security, controlled substances: Adequate
Supervise Prob. CET: Not Applicable
Properly euthanize: Adequate
Properly dispose of dead: Adequate

IC only on anesth. or sedated: Adequate

Use only bottled gas: Adequate
Use only comm. mfd chamber: Adequate
Only same species in chamber: Adequate
In chamber for >= 20 min.: Adequate

Not used on < 16 weeks: Adequate
Not used on pregnant: Adequate
Not used on near death: Adequate
No live with dead: Adequate

Animals separated: Adequate
At least 1 viewport: Adequate
Chamber in good order: Adequate
Airtight seals present: Adequate

Light shutterproof: NA
Chamber sufficiently lit: Adequate
Electrical explosion-proof: Adequate
In inside, two CO monitors: Adequate

Records of monthly inspection: NA
Records of yearly inspection: NA
Visual inspection by AWS: Adequate

Chamber cleaned b/t uses: Adequate
Operational guide & or manual: Adequate
>= 2 adults present when used: Adequate

Reports of extraordinary euth.: Not Applicable

Current copy of AWA in manual: Adequate
Current AVMA euth. in manual: Adequate
Current HSUS euth. in manual: Adequate
Current AHA euth. in manual: Adequate

List of approved euth. methods: Adequate
List of CETs & methods: Adequate
Euth. methods if no CET present: Adequate
Policy for verifying death: Adequate

DEA certificate: Adequate
MSDS sheets, chemical or gas: Adequate
MSDS sheets, tranq. or anesth.: Adequate
Signs & symptoms, human: Adequate

First aid information: Adequate
MD contact information: Adequate

Signature of inspector: [Signature]
Date: 10/23/09

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Signature of management: [Signature]
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 17

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**Boarding Kennel**  
**Pet Shop**  
**Public Auction**

**BUSINESS NAME:** Mitchell Co. Animal Shelter/Rescue

**OWNER:** Mitchell Co.

**ADDRESS:** 2452 192 Hwy  
**P.O. Box 308**  
**Sparks Pine NC**

**TELEPHONE:** (628) 765-6952

<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>
</table>
| #1         | Exercise yards at back of facility that were gravel have now been concreted and new chaulk added around all enclosures.  
**Concrete within Enclosures were not constructed so as to remove waste eff. grooves were cut inside each enclosure to ensure more proper drainage.**  
**Old outside runs at very back of facility need to be either torn down and reconstructed smaller to new ones or completely repair so that they can be used.**  
**Euthanasia Report — During Inspection on 10/23/09 3 cats properly performed euthanasia on 3 kittens All were euthanized by IP.**  
**All animals were properly disposed All dogs were secure, and all data was recorded properly.**  
**All Cei Duties were performed in a very professional manner.**  
Good Job |

**APPROVED**  
Inspector's Signature: Mary Stiray

**CONDITIONALLY APPROVED**

**DISAPPROVED**

**Date:** 10/23  
**Time:** 11:50

Owner/Authorized Agent’s Signature: [Signature]

AW-2  
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