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: 35.33257  W: 79.94151

LICENSE #: 1160
TYPE FACILITY: Animal Shelter (Private/Public) X  Boarding Kennel □  Pet Shop □  Public Auction □
BUSINESS NAME: Montgomery Co. Animal Control.
OWNER: 
ADDRESS: 442 Landfill Rd., Mt. Gilead, NC
TELEPHONE: (910) 572-3067
VMO  Hunter
COUNTY  Montgomery

Number of Primary Enclosures 15  Animals Present: Dogs 11  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 □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 5-10-10  Time: 4:00 am

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

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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

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

**BUSINESS NAME:** Montgomery Co. Animal Control

**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></td>
<td>Euthanasia inspection. Manual was in order. Shelter uses EBT only. I observed 5-9's euthanized today but injections after being sedated properly. Euthanasia was performed to correct standards of death was verified by cardiac standstill.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Today facility inspection. #1-7-4-138 metal cage doors need to be repainted - very rusty. Walls, ceramic floors, cement packing around kennels all need to be repainted, cracks sealed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#10-7 keep all resting surfaces &amp; plastic crates in good working order a report as they become damaged.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time line for above work to be complete is the end of Summer 2010.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Approved today. Other purpose of visit was euthanasia &amp; that was acceptable.</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** **CONDITIONALLY-APPROVED** **DISAPPROVED**

Date: 10-10 Time: 9:00am

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**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

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: Montgomery Co. Animal Control

City: My Cane

License number (if currently licensed): [Blank]

License type: [Blank]

Prepare animals for euthanasia: Acceptable

Properly record all data: Acceptable

Security, controlled substances: Acceptable

Supervise Prob. CET: Acceptable

Properly euthanize: Acceptable

Properly dispose of dead: Acceptable

Euthanasia by Injection

IC only on anesth. or sedated: Acceptable

Euthanasia by CO

Use only bottled gas: [Blank]

Use only comm. mfd chamber: [Blank]

Only same species in chamber: [Blank]

In chamber for >= 20 min.: Acceptable

Not used on < 16 weeks: [Blank]

Not used on pregnant: [Blank]

Not used on near death: [Blank]

No live with dead: Acceptable

Animals separated: [Blank]

At least 1 viewport: Acceptable

Chamber in good order: [Blank]

Airtight seals present: Acceptable

Light shatterproof: [Blank]

Chamber sufficiently lit: Acceptable

Biological explosion-proof: Acceptable

Records of monthly inspection: [Blank]

Records of yearly inspection: [Blank]

Visual inspection by AWS: [Blank]

Chamber cleaned b/t uses: [Blank]

Operational guide & or manual: [Blank]

>= 2 adults present when used: Acceptable

Reports of extraordinary euth.: Acceptable

Policy and procedure manual

Current copy of AWA in manual: Acceptable

Current AVMA euth. in manual: Acceptable

Current HSUS euth. in manual: Acceptable

Current AHA euth. in manual: Acceptable

List of approved euth. methods: Acceptable

List of CETs & methods: Acceptable

Contact info for DVM in PVC: Acceptable

Contact info for DVM care: Acceptable

List after hour euth. meth. : Acceptable

Euth. methods if no CET present: Acceptable

Policy for verifying death: Acceptable

Contact info for suppliers: Acceptable

DEA certificate: Acceptable

MSDS sheets, chemical or gas: Acceptable

MSDS sheets, trans., or anesth.: Acceptable

Signs & symptoms, human: Acceptable

First aid information: Acceptable

MD contact information: Acceptable

Signature of inspector: [Signature]

Date: [Date]

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Signature of management: [Signature]