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: □□□□□□□□ W: □□□□□□□□

LICENSE #: 116
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Montgomery Co Animal Control
OWNER:
ADDRESS:
TELEPHONE: (919) 572-3067
VMO: Hunter
COUNTY: Montgomery

Number of Primary Enclosures □□□□□ Animals Present: Dogs □□□□□ Cats □

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

□ 23. Description of Animals
□ 24. Records/Vet Treatment
□ 25. Origin/Disposition
□ 26. Signature (boarding kennel)
□ 27. Written permission from owner for commingling (doggie daycare)

HUSBANDRY

□ 28. Care in Transit Discussed

TRANSPORTATION

□ 28. Isolation Facility
□ 29. No Signs of Illness/Treated

VETERINARY CARE

□ 28. Isolation Facility
□ 29. No Signs of Illness/Treated

□ APPROVED □ DISAPPROVED

Date: Oct 28, 2009 Time: 10:28

Inspection’s Signature

Owner/Authorized Agent’s Signature

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

Euthanasia Inspection Report

Name of business: Montgomery Co Animal Control
City: MT. Pleas.
License number (if currently licensed): 116
License type: Shelter

Preparation for euthanasia .0418
- Prepare animals for euthanasia .0418
- Properly record all data .0418
- Security, controlled substances .0418
- Supervise Prob. CET .0418
- Properly euthanize .0418
- Properly dispose of dead .0418

Adequate

Evaluation by Co.

Use only bottled gas .0601
- Use only bottled gas .0601
- Not used on < 16 weeks .0602
- Not used on pregnant .0602
- Animals separated .0604
- At least 1 vapors .0605
- Chamber in good order .0605
- Air tight seals present .0605

Light shatter proof .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

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 procedural manuals
- Current copy of AWA in manual .0803
- Current AVMA euth. in manual .0803
- Policy for verifying death .0803
- Policy for suppliers .0803
- Signs & symptoms, human .0803

List of approved euth. methods .0803
- List of CET's & methods .0803
- DEA certificate .0803
- First aid information .0803
- MD contact information .0803

List after hour euth. meth. .0803
- Euth. methods if no CET present .0803
- Contact info for DVM in PVC .0803
- Contact info for DVM care .0803
- MSDS sheets, chemical or gas .0803
- MSDS sheets, tranq. or anesth. .0803

In chamber for >= 20 min .0601

No live with dead .0603

Adequate

Signature of inspector: Shelley Brown
Date: 10/27/2009

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Signature of management:
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 114
TYPE FACILITY: Animal Shelter (Private/Public) □ 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>1</td>
<td>Euthanasia - There were no animals available for euthanasia. Euthanasia could not be reviewed due to absence of policy and procedures manual.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gates on front enclosures are made from aluminum mesh which is rusted and decayed making sanitation difficult - repair.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Concrete flooring is damaged and unsealed - repair and ressealed.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Overall sanitation is poor - clean and organize euthanasia area and grounds. Grass and weeds are in need of lift - mow and maintain.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Perimeter fencing is damaged - repair.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Animalcomming from Troy lack breed, age, origin, and other pertinent information. Add breed and origin to description.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Add age to Co. and Troy origin record.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Add addresses to disposition records as per permit. Add and adjust items.</td>
<td></td>
</tr>
</tbody>
</table>

☐ APPROVED  ☐ CONDITIONALLY APPROVED  ❌DISAPPROVED  Date: 10/26/15  Time: 10:25

Inspection’s Signature: [Signature]  Owner/Authorized Agent’s Signature: [Signature]

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