ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.30735  W: 79.415316

LICENSE #: 18
TYPE FACILITY: Animal Shelter (Private/Public)  Boarding Kennel  Pet Shop  Public Auction
BUSINESS NAME: Moore County Animal Shelter
OWNER: Hunter
ADDRESS: 5235 Hwy 15 S  Carthage NC 28327
TELEPHONE: (910) 947-2858
VMO: Moore
COUNTY: Moore

Number of Primary Enclosures 100  Animals Present: Dogs 34  Cats 10

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

Inspector’s Signature  Owner/Authorized Agent’s Signature

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Rev. 1/07

White= Office  Canary= Inspector  Pink= Owner

PAGE 1 OF 3
### Animal Welfare Section, NCDA&CS
#### Euthanasia Inspection Report

**Name of business:** Moore County Animal Shelter  
**City:** Carthage, NC  
**License number (if currently licensed):** 18  
**License type:**

<table>
<thead>
<tr>
<th>Duties of a CET</th>
</tr>
</thead>
</table>
| Prepare animals for euthanasia | .0418 | Acceptable  
| Properly record all data | .0418 | Acceptable  
| Security, controlled substances | .0418 | Acceptable  
| Supervise Prob. CET | .0418 | N/A  
| Properly euthanize | .0418 | Acceptable  
| Properly dispose of dead | .0418 | Acceptable  

**Euthanasia by Injection**  
|  
| IC only on anesth. or sedated | .0501 | N/A  

**Euthanasia by CO**  
|  
| Use only bottled gas | .0601 | N/A  
| Use only comm. mfd chamber | .0601 | N/A  
| Only same species in chamber | .0601 | N/A  
| In chamber for >= 20 min. | .0601 | N/A  
| Not used on < 16 weeks | .0602 | N/A  
| Not used on pregnant | .0602 | N/A  
| Not used on near death | .0602 | N/A  
| No live with dead | .0603 | N/A  
| Animals separated | .0604 | N/A  
| At least 1 viewport | .0605 | N/A  
| Chamber in good order | .0605 | N/A  
| Airtight seals present | .0605 | N/A  
| Light shatterproof | .0605 | N/A  
| Chamber sufficiently lit | .0605 | N/A  
| Electrical explosion-proof | .0605 | N/A  
| If inside, two CO monitors | .0605 | N/A  

| Records of monthly inspection | .0606 | N/A  
| Records of yearly inspection | .0606 | N/A  
| Visual inspection by AWS |  
| Chamber cleaned b/t uses | .0607 | N/A  
| Operational guide & or manual | .0608 | N/A  
| >= 2 adults present when used | .0609 | N/A  

**Extraordinary methods**  
|  
| Reports of extraordinary euth | .0705 | Acceptable  

**Policy and procedure manual**  
|  
| Current copy of AWA in manual | .0803 | Acceptable  
| Current AVMA euth. in manual | .0803 | Acceptable  
| Current HSUS euth. in manual | .0803 | Acceptable  
| Current AHA euth. in manual | .0803 | Acceptable  
| List of approved euth. methods | .0803 | Acceptable  
| List of CETs & methods | .0803 | Acceptable  
| Contact info for DVM in PVC | .0803 | Acceptable  
| Contact info for DVM care | .0803 | Acceptable  
| List after hour euth. meth. | .0803 | Acceptable  
| Euth. methods if no CET present | .0803 | Acceptable  
| Policy for verifying death | .0803 | Acceptable  
| Contact info for suppliers | .0803 | Acceptable  
| DEA certificate | .0803 | Acceptable  
| MSDS sheets, chemical or gas | .0803 | Acceptable  
| MSDS sheets, tranq. or anesth | .0803 | Acceptable  
| Signs & symptoms, human | .0803 | Acceptable  
| First aid information | .0803 | Acceptable  
| MO contact information | .0803 | Acceptable  

**Signature of inspector:**  
**Date:** 3-22-10  
**Page:** 2 of 3  
**Signature of management:** Brooke Nelson
LICENSE #: 18
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Moore County Animal Shelter
OWNER: (CONT)
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>I performed a euthanasia inspection today on this facility as well as a random inspection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Euthanasia: I performed at this facility by EBT only. I observed (1) K-9 &amp; (1) feline euthanized by EBT using Sodium Pentobarbital. CEM was Craig Rogers his assistant was CEM Brooke Nelson Procedure was performed to EBT standards today &amp; death was verified by (1) lack of respiration, (2) irregular and slack still, &amp; (3) lack of ocular reflex.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility does house their own drugs on-site to include Pefrad Plus, Xylazine, &amp; Ketamine. DEA license is current. All Drugs are kept behind triple locks.</td>
<td></td>
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<tr>
<td>* Facility Inspection:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#1- Cinder block walls are in need of being resealed &amp; repainted.</td>
<td></td>
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<tr>
<td>- Caulk is needed at base of floors &amp; walls.</td>
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<td></td>
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<tr>
<td>- Continue to keep cracks sealed as necessary.</td>
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<tr>
<td>* There needs to be a thermometer placed in each room that houses animals.</td>
<td></td>
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<tr>
<td>* Metal beams in K-9 Holding Area are starting to rust at bottom - Repaint.</td>
<td></td>
<td></td>
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<tr>
<td>* Ceiling in K-9 Viewing of K-9 Quarantine are peeling at vent point - Repair/Repaint.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED 
Date: 3-22-10  Time: 10am

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

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