ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36°31.8' W: 76°27.5'8"

LICENSE #:

TYPE FACILITY: Animal Shelter X Boarding Kennel □ Pet Shop □ Public Auction □

BUSINESS NAME: SPCA of NorthEastern NC, Inc.

OWNER: Pasquotank County

ADDRESS: P.O. Box 1772, Elizabeth City, NC

TELEPHONE: (252) 328-5222

VMO Pasquotank

COUNTY Pasquotank

Number of Primary Enclosures 28 Dogs
48 Cat Animals Present: Dogs 84 Cats 125

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

Date: 04/10/04 Time: 1:00pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 3
DA&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: 26°31'15" W: 76°22'58"

LICENSE #: 3
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: SPCA of NorthEastern N.C., Inc
OWNER: Pasquotank County
ADDRESS: P.O. Box 1777, Elizabeth City, NC
TELEPHONE: (252) 328-5222
VMO: Master
COUNTY: Pasquotank

Number of Primary Enclosures: 33 - Dogs 48 - Cats
Animals Present: Dogs 84 Cats 125

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

Date: 10/14/07 Time: 12:00 PM

Inspector’s Signature

Owner/Authorized Agent’s Signature

White= Office Canary= Inspector Pink= Owner

PAGE 1 OF 3
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 3
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: PACE OF THE NO-THREAT
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>I performed an annual inspection and a euthanasia inspection today. The euthanasia performed by the vet's was acceptable. The manual is complete and acceptable. The shelter overall is 11.7% in compliance. However, there are a couple of issues that need addressing:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#7 The walls in the primary enclosures need repainting. There is one enclosure where a pipe needs to be covered and removed. Need to perform some wire patrol on kennel gates.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The number of animals housed at the shelter at today's inspection is almost double the amount of animals on my last inspection on Nov 3, 2009.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have concern about upper respiratory illness in the cats. I heard cats sneezing and some coughing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I am approving this inspection today. I have to return in 3 days to perform a follow-up on a new boarding kennel in Elizabeth City and I will stop by the shelter.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED

Inspector’s Signature: ____________________________  Owner/Authorized Agent’s Signature: ____________________________

Date: ________  Time: ________

White= Office  Canary= Inspector  Pink= Owner

AW-2  Rev 1/07  PAGE 2 OF 3
### 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

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### Animal Welfare Section, NCDA&CS
Euthanasia Inspection Report

<table>
<thead>
<tr>
<th>Name of business</th>
<th>License number (if currently licensed)</th>
<th>License type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPCA OF THE NORTHEAST</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duties of a CET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare animals for euthanasia .0418</td>
</tr>
<tr>
<td>Acceptable</td>
</tr>
<tr>
<td>Supervise Prob. CET .0418</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

### Euthanasia by Injection

<table>
<thead>
<tr>
<th>IC only on anesth. or sedated .0501</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
</tr>
</tbody>
</table>

### Euthanasia by CO

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

### Extraordinary methods

<table>
<thead>
<tr>
<th>Reports of extraordinary euth. .0705</th>
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</thead>
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<tr>
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</table>

### Policy and procedure manual

<table>
<thead>
<tr>
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<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>List of approved euth. methods .0803</th>
<th>List of CETs &amp; methods .0803</th>
<th>Contact info for DVM in PVC .0803</th>
<th>Contact info for DVM care .0803</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Acceptable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List after hour euth. meth. .0803</th>
<th>Euth. methods if no CET present .0803</th>
<th>Policy for verifying death .0803</th>
<th>Contact info for suppliers .0803</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
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<td>Acceptable</td>
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</table>

<table>
<thead>
<tr>
<th>DEA certificate .0803</th>
<th>MSDS sheets, chemical or gas .0803</th>
<th>MSDS sheets, tranq. or anesth. .0803</th>
<th>Signs &amp; symptoms, human .0803</th>
</tr>
</thead>
<tbody>
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<tr>
<th>First aid information .0803</th>
<th>MD contact information .0803</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>Acceptable</td>
</tr>
</tbody>
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Signature of Inspector: [Signature]

Date: 1/9/09

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Signature of management: