ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 31.42250 W: 79.00143

LICENSE #: 21
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Person Co. Animal Shelter
OWNER: Person Co. Inc.
ADDRESS: 2103 Chip Lake, Roxboro, NC
TELEPHONE: (336) 597-1741
VMO Hunter COUNTY: Person

Number of Primary Enclosures 40 Animals Present: Dogs 24 Cats 18

Inspector: Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable

STRUCTURE

Housing Facilities
- Structure & Repair
- Ventilation & Temp.
- Lighting
- Ceiling, Wall, Floors
- Storage
- Water Drainage

Primary Enclosures
- Structure & Repair
- Space
- Ventilation & Temp.
- Adequate Shelter

SANITATION
- Waste Disposal
- Odor
- Ceiling, Wall, Floors
- Primary Enclosures
- Equipment & Supplies
- Washrooms, Sinks, Basins
- Insect/Vermin Control
- Building & Grounds

HUSBANDRY
- Adequate Feed/Water
- Food Storage
- Personnel
- Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- Animals’ Appearance

SPECIAL ITEMS

Records
- Description of Animals
- Records/Vet Treatment
- Origin/Disposition
- Signature (boarding kennel)
- Written permission from owner for commingling (doggie daycare)

Transportation
- Care in Transit Discussed

Veterinary Care
- Isolation Facility
- No Signs of Illness/Treated

APPROVED □ DISAPPROVED

Date: 12-11-11 Time: 8am - 11:30am

Inspector’s Signature: Kay [Handwritten]

Owner/Authorized Agent’s Signature: [Handwritten]

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

PAGE 1 OF 3
<table>
<thead>
<tr>
<th>Duties of a CET</th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare animals for euthanasia</td>
<td>Acceptable</td>
<td>Properly record all data</td>
<td>Acceptable</td>
<td>Security, controlled substances</td>
</tr>
<tr>
<td>Supervise Prob. CET</td>
<td>N/A</td>
<td>Properly euthanize</td>
<td>Acceptable</td>
<td>Properly dispose of dead</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Euthanasia by injection</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IC only on anesth. or sedated</td>
<td>Not-used</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Euthanasia by CO</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Use only bottled gas</td>
<td>Acceptable</td>
<td>Use only comm. mfd chamber</td>
<td>Acceptable</td>
<td>Only same species in chamber</td>
</tr>
<tr>
<td>Not used on &lt; 16 weeks</td>
<td>Acceptable</td>
<td>Not used on pregnant</td>
<td>Acceptable</td>
<td>Not used on near death</td>
</tr>
<tr>
<td>Animals separated</td>
<td>Acceptable</td>
<td>At least 1 viewport</td>
<td>Acceptable</td>
<td>Chamber in good order</td>
</tr>
<tr>
<td>Light shatterproof</td>
<td>Acceptable</td>
<td>Chamber sufficiently lit</td>
<td>Acceptable</td>
<td>Electrical explosion-proof</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Records of monthly inspection</th>
<th>Viewed &amp; Acceptable</th>
<th>Records of yearly inspection</th>
<th>Acceptable</th>
<th>Visual Inspection by AWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chamber cleaned b/t uses</td>
<td>Acceptable</td>
<td>Operational guide &amp; or manual</td>
<td>Acceptable</td>
<td>&gt;= 2 adults present when used</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Extraordinary methods</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports of extraordinary euth</td>
<td>Acceptable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy and procedure manual</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>List of approved euth. methods</td>
<td>Acceptable</td>
<td>List of CETs &amp; methods</td>
<td>Acceptable</td>
<td>Contact info for DVM in PVC</td>
</tr>
<tr>
<td>List after hour euth. meth.</td>
<td>Acceptable</td>
<td>Euth. methods if no CET present</td>
<td>Acceptable</td>
<td>Policy for verifying death</td>
</tr>
<tr>
<td>DEA certificate</td>
<td>Acceptable</td>
<td>MSDS sheets, chemical or gas</td>
<td>Acceptable</td>
<td>Signs &amp; symptoms, human</td>
</tr>
<tr>
<td>First aid information</td>
<td>Acceptable</td>
<td>MD contact information</td>
<td>Acceptable</td>
<td></td>
</tr>
</tbody>
</table>

Signature of inspector: [Signature]
Date: 10-10-11

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

**LICENSE #:** 21  
**TYPE FACILITY:** Animal Shelter (Private) □ Boarding Kennel □ Pet Shop □ Public Auction □  
**BUSINESS NAME:** Person County Animal Control  
**OWNER:**  
**ADDRESS:**  
**TELEPHONE:** ( )  

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<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>Purpose of today's visit is to perform the Shelter's annual euthanasia &amp; records inspection. Shelter currently has 5 CEs. Kay Farrell, Michael Fruehauf, John Hidrel, Kelly Oakley, Ronald Shaw. Shelter utilizes both F&amp;I &amp; co. All euthanasia performed today was to AWA standards. All CEs showed the ability to properly restrain, dose all drugs &amp; verify death. All euthanasia viewed today was performed in a humane manner.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I viewed records for previous 160 days on all disposition records to include euthanasia, adoption, &amp; etc. Also viewed drug logs &amp; all maintenance records. All records are kept up to AWA standards.</td>
<td></td>
</tr>
</tbody>
</table>
| 3           | Facility:  
   1. All cracks have been sealed since previous inspection.  
   2. Facility is 72.5° at time of inspection.  
   3. Add date, initials, a method to all euthanasia records. |  |
| 4           | I am recommending that the Shelter place a CO monitor in the area of the CO Chamber. The Chamber is located in a breezeway that is covered by a roof but not completely enclosed. People & animals share this breezeway & should therefore have the area monitored. |  |

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

**Date:** 10-11-11  
**Time:** 11:30 AM  

** Inspector's Signature:**  

**Owner/Authorized Agent’s Signature:**

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

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