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 #: 24
TYPE FACILITY: Animal Shelter (Private/ Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Randolph Co Animal Shelter
OWNER: Healthy Pets
ADDRESS: 2220 S. Mangum St.
TELEPHONE: (919) 315-6200
VMO □ VMC □ COUNTY: Randolph

Number of Primary Enclosures 48 Animals Present: Dogs 30 Cats 7

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: 14/10 Time: 1045

AW2-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner

Inspector’s Signature
Owner/Authorized Agent’s Signature

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

Name of business: Randolph Co Animal Shelter
City: Asheboro
License number (if currently licensed): 4
License type: Shelter

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: Acceptable

Use only bottled gas: Acceptable
Use only comm. mfd chamber: Acceptable
Only same species in chamber: Acceptable
In chamber for >= 20 min.: Acceptable

Not used on < 16 weeks: Acceptable
Not used on pregnant: Acceptable
Not used on near death: Acceptable
No live with dead: Acceptable

Animals separated: Acceptable
At least 1 viewpoint: Acceptable
Chamber in good order: Acceptable
Airtight seals present: Acceptable

Light shutterproof: Acceptable
Chamber sufficiently lit: Acceptable
Electrical explosion-proof: Acceptable
If inside, two CO monitors: Acceptable

Records of monthly inspection: Acceptable
Records of yearly inspection: Acceptable
Visual inspection by AWS: Acceptable

Chamber cleaned b/t uses: Acceptable
Operational guide & or manual: Acceptable
>= 2 adults present when used: Acceptable

Reports of extraordinary euth.: Acceptable

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, tranq. or anesth.: Acceptable
Signs & symptoms, human: Acceptable

First aid information: Acceptable
MD contact information: Acceptable

Signature of inspector: [Signature]
Date: 2/4/10

Signature of management: [Signature]
<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>There were three adult cats in stray cat area that were showing signs of possible internal bleeding and discharge.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Cats #41) Dry 6 Black</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Cats #41) Dry 8 Black</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Cats #35) Dry 6 Black</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Owner records indicated cats were handled cruelly and were unsocial and possibly fearful.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sick or diseased, injured, lame or blind dogs or cats shall be provided veterinary care or be euthanized at time of inspection.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Plastic cage and sleeves on cat cages in stray cat area were much to be cleaned when no cats are cleaned.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Euthanasia was performed on the euthanasia of three adult cats by Carlson Manor.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Euthanasia was performed properly and humanely.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Veterinary disposition records for deceased cats are complete and in good order.</td>
<td></td>
</tr>
</tbody>
</table>

- APPROVED
- CONDITIONALLY APPROVED
- DISAPPROVED

Date: 4/6/0
Time: 10:45

Inspector's Signature: [Signature]

Owner/Authorized Agent’s Signature: [Signature]