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: 34°57'38" W: 79°48'19"

LICENSE #: 9
TYPE FACILITY: Animal Shelter (Private/Public) X Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Humane Society of Richmond County
OWNER: Humane Society of Richmond County
ADDRESS: 639 West Hwy. #744 Roanoke Island NC
TELEPHONE: (910) 815-0385
VMO Hunter
COUNTY Richmond

Number of Primary Enclosures 124 Animals Present: Dogs 102 Cats 38

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 conmingle (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

Date: 3-31-10 Time: 10:12pm

Approved □ Conditionally Approved □ Disapproved

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 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

**H umane Society of Richmond County**

<table>
<thead>
<tr>
<th>City</th>
<th>License number (if currently licensed)</th>
<th>License type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockingham</td>
<td>9</td>
<td>040</td>
</tr>
</tbody>
</table>

**Duties of a CET**

<table>
<thead>
<tr>
<th>Prepare animals for euthanasia .0418</th>
<th>Properly record all data .0418</th>
<th>Security, controlled substances .0418</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>Acceptable</td>
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</table>

<table>
<thead>
<tr>
<th>Supervise Prob. CET .0418</th>
<th>Properly euthanize .0418</th>
<th>Properly dispose of dead .0418</th>
</tr>
</thead>
<tbody>
<tr>
<td>na</td>
<td>Acceptable</td>
<td>Acceptable</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>
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</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>
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</table>

<table>
<thead>
<tr>
<th>Not used on &lt; 16 weeks .0602</th>
<th>Not used on pregnant .0602</th>
<th>Not used on near death .0602</th>
<th>No live with dead .0603</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Animals separated .0604</th>
<th>At least 1 viewport .0605</th>
<th>Chamber in good order .0605</th>
<th>Airtight seals present .0605</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Light shatterproof .0605</th>
<th>Chamber sufficiently lit .0605</th>
<th>Electrical explosion-proof .0605</th>
<th>If inside, two CO monitors .0605</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Records of monthly inspection .0606</th>
<th>Records of yearly inspection .0606</th>
<th>Visual inspection by AWS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Chamber cleaned b/t uses .0607**  
**Operational guide & & manual .0608**  
**[>= 2 adults present when used .0009]**

**Reports of extraordinary euth .0705**

<table>
<thead>
<tr>
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</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>
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</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>
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<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>
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<tr>
<th>First aid information .0803</th>
<th>MD contact information .0803</th>
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</thead>
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</table>

**Signature of inspector**

Signature: [Signature]

Date: 3-31-10

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**Signature of management**

Signature: [Signature]
**NCDA&CS, VETERINARY DIVISION**
**ANIMAL WELFARE SECTION,**
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**PHONE: 919/715-7111, FAX: 919/733-6431**

**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 9  
**TYPE FACILITY:** Animal Shelter (Private/Public) ☒ Boarding Kennel □ Pet Shop □ Public Auction □

**BUSINESS NAME:** Humane Society of Richmond County  

**OWNER:**  
**ADDRESS:**  
**TELEPHONE:** (___) ___-____

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<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>Purpose of inspection today is for a Random Euthanasia &amp; Facility inspection. Provides inspection on 10-23-09.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Items to be addressed on last inspection:**

- add gravel to outdoor enclosures - DONE
- decrease ventilation - no odor today
- repaint/replace floors - done, but not correctly. Floors are peeling again. A new contractor has been hired to do the painting correctly.
- replace damaged resting surfaces - DONE
- original paperwork has had better detailed address information added.

**Items to be addressed:**

- #1 - Some damaged flexi-glass seen in cat houses. A contractor has been hired to fix the flexi-glass.

- #4 & #13 - Floors are still in need of painting. Contractor is hired to start the work.

**Euthanasia:**

- Manual is complete. Facility only performs by EBI. Using Sedum Pentobarbital! As well as a mixture of Ketamine/Atropine for sedation. All drugs are behind double locks. Currently only 2 EBI's are at this facility, manager has plans to get more.

- Staff trained.

No Inadequacies noted at this inspection

![Signature]

**Inspector’s Signature**

**Owner/Authorized Agent’s Signature**

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

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