ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 36.23464 W: 79.45047

LICENSE #: 186
TYPE FACILITY: Animal Shelter (Private/Public) 
BUSINESS NAME: Rockingham Co. Animal Shelter
OWNER: Rockingham Co.
ADDRESS: 250 Cherokee Camp Rd, Rockwell

Number of Primary Enclosures 14/7 Animals Present: Dogs 52 Cats 39

STRUCTURE

<table>
<thead>
<tr>
<th>Housing Facilities</th>
<th>SANITATION</th>
<th>SPECIAL ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Storage</td>
<td>15. Equipment &amp; Supplies</td>
<td>Signature (boarding kennel)</td>
</tr>
<tr>
<td>6. Water Drainage</td>
<td>16. Washrooms, Sinks, Basins</td>
<td>24. Written permission from owner for commingling (doggie daycare)</td>
</tr>
</tbody>
</table>

Primary Enclosures

<table>
<thead>
<tr>
<th>Housing Facilities</th>
<th>SANITATION</th>
<th>SPECIAL ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Structure &amp; Repair</td>
<td>19. Adequate Feed/Water</td>
<td>Transportation</td>
</tr>
<tr>
<td>8. Space</td>
<td>20. Food Storage</td>
<td>29. Care in Transit Discussed</td>
</tr>
<tr>
<td>9. Ventilation &amp; Temp.</td>
<td></td>
<td>Veterinary Care</td>
</tr>
<tr>
<td>10. Adequate Shelter</td>
<td></td>
<td>30. Isolation Facility</td>
</tr>
</tbody>
</table>

HUSBANDRY

<table>
<thead>
<tr>
<th>Housing Facilities</th>
<th>SANITATION</th>
<th>SPECIAL ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Structure &amp; Repair</td>
<td>19. Adequate Feed/Water</td>
<td>Transportation</td>
</tr>
<tr>
<td>13. Ventilation &amp; Temp.</td>
<td></td>
<td>Veterinary Care</td>
</tr>
</tbody>
</table>

□ APPROVED □ DISAPPROVED

Date: May 12, 2011 Time: 11:00

Owner/Authorized Agent’s Signature

Inspection’s Signature
<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above)</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met with Seoul Disease at facility. Cleaning was in progress.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could not view vet records or disposition records because Mr. Dillamoo did not have access to these records.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner/Authorized Agent's Signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At time of inspection, there was one employee caring for all the animals' cleaning. Apparent shelter is understaffed for size. Recommend re-evaluating current staffing. Will return 13:00-14:00 for re-inspection and view records.

Approved: May 13, 2011, 11:00

Shelley Jones
Inspector's Signature

Carol Boyd
Owner/Authorized Agent's Signature
### Euthanasia Inspection Report

#### Name of business

Rockingham Co Animal Shelter

#### City

Ludville

#### License number (if currently licensed)

136

#### License type

Shelter

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### Preparation of Euthanasia

- Prepare animals for euthanasia: **Accepted**
- Properly record all data: **Accepted**
- Security, controlled substances: **Accepted**

### Supervision

- Supervise Prob. CET: **Accepted**
- Properly euthanize: **Accepted**
- Properly dispose of dead: **Accepted**

### Use of Chambers

- Use only comm. mfd chamber: **Not Accepted**
- Only same species in chamber: **Not Accepted**
- In chamber for >= 20 min.: **Not Accepted**

### Chamber Conditions

- Not used on < 16 weeks: **Not Accepted**
- Not used on pregnant: **Not Accepted**
- Not used on near death: **Not Accepted**
  - No living with dead: **Not Accepted**

### Chamber Maintenance

- Animals separated: **Accepted**
- At least 1 view port: **Not Accepted**
- Chamber in good order: **Accepted**
- Airtight seals present: **Accepted**

### Safety Features

- Light shatterproof: **Accepted**
- Chamber sufficiently lit: **Accepted**
- Electrical explosion proof: **Accepted**
- If inside, two CO monitors: **Accepted**

### Records

- Records of monthly inspection: **Accepted**
- Records of yearly inspection: **Accepted**
- Visual inspection by AWS: **Accepted**

### Setup and Use

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

### Extraordinary Methods

- Reports of extraordinary euth.: **Not Accepted**

#### Policy and Procedures Manual

- Current copy of AWA in manual: **Accepted**
- Current AVMA euth. in manual: **Accepted**
- Current HSUS euth. in manual: **Accepted**
- Current AHA euth. in manual: **Accepted**

- List of approved euth. methods: **Accepted**
- List of CETs & methods: **Accepted**
- Contact info for DVM in PVC: **Accepted**
- Contact info for DVM care: **Accepted**

- List after hour euth. meth.: **Accepted**
- Euth. methods if no CET present: **Accepted**
- Policy for verifying death: **Accepted**
- Contact info for suppliers: **Accepted**

- DEA certificate: **Accepted**
- MSDS sheets, chemical or gas: **Accepted**
- MSDS sheets, transq. or anesth.: **Accepted**
- Signs & symptoms, human: **Accepted**

- First aid information: **Accepted**
- MD contact information: **Accepted**

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**Signature of inspector**: [Signature]

**Date**: [Date]

**Page**: 3

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

**LICENSE #:** 1369

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

**BUSINESS NAME:** Rocking Ram's Cellini Q. Sheltie

**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>Returned to shelter for euthanasia inspection and to view records as noted in #25 &amp; #26 on</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Viewed x rays for Beagle x</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Dr. Jennings was contacted in regards of x rays for pointer, suggested the dog is being treated as per vet rec.</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>Records were made available, no adoptions have taken place, no adoption disposition records completed to view</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED** □ **DISAPPROVED**

- **Date:** May 12, 2011
- **Time:** 13:30

**Inspector's Signature:** J. Shannon

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

**Rev. 1/07**

**White= Office**                              **Canary= Inspector**                              **Pink= Owner**

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