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: 35° 35' 18.6" W: 81° 9' 50.5"

LICENSE #: 65
TYPE FACILITY: Animal Shelter (Private/Public) ☑  Boarding Kennel ☐  Pet Shop ☐  Public Auction ☐
BUSINESS NAME: KURTHOFER COUNTY ANIMAL SHELTER
OWNER:
ADDRESS:
TELEPHONE: (828) 287-6025
VMO HUNTER
COUNTY RUTHERFORD

Number of Primary Enclosures: 35  Animals Present: Dogs 43  Cats 24

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
1. Description of Animals
2. Records/Vet Treatment
3. Origin/Disposition
4. Signature (boarding kennel)
5. Written permission from owner for commingling (doggie daycare)

Transportation
6. Care in Transit Discussed

Veterinary Care
7. Isolation Facility
8. No Signs of Illness/Treated

APPROVED ☐  CONDITIONALLY APPROVED ☑  DISAPPROVED ☒

Date: 9/1/09  Time: 08:00

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07
White= Office  Canary= Inspector  Pink= Owner
PAGE 1 OF 7
Name of business: Rutherford Co Animal Shelter
City: Rutherfordton
License number (if currently licensed): 65
License type: 

**Duties of CET**

- Prepare animals for euthanasia: Not Acceptable
- Properly record all data: Acceptable
- Security, controlled substances: Acceptable
- Supervise Prob. CET: N/A
- Properly euthanize: Not Acceptable
- Properly dispose of dead: Acceptable

**IC only on anesth. or sedated**

- N/A

**Euthanasia chamber**

- Use only bottled gas: N/A
- Use only comm. mfd chamber: N/A
- Only same species in chamber: N/A
- In chamber for >= 20 min: N/A
- Not used on < 16 weeks: N/A
- Not used on pregnant: N/A
- Not used on near death: N/A
- No live with dead: N/A
- Animals separated: N/A
- At least 1 viewport: N/A
- Chamber in good order: N/A
- Airtight seals present: N/A
- Light shatterproof: N/A
- Chamber sufficiently lit: N/A
- Electrical explosion-proof: N/A
- If inside, two CO monitors: N/A
- Records of monthly inspection: N/A
- Records of yearly inspection: N/A
- Visual inspection by AWS: N/A
- Chamber cleaned b/t uses: N/A
- Operational guide & or manual: N/A
- >= 2 adults present when used: N/A

**Reports of extraordinary euth.**

- N/A AT THIS TIME

**Policies and Procedures (manual)**

- 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: Not Acceptable
- DEA certificate: N/A
- 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**

[Date]

**Signature of management**

[Signature]
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 65  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**Boarding Kennel**  
**Pet Shop**  
**Public Auction**  
**BUSINESS NAME:** Rutherford Co Animal Shelter  
**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>Euthanasia</td>
<td>Arquella at Shelter at 08:30 P.M. Brad Jones, Sarah Hayman, Beth, Tyler, and Dept Jordan Hay were present during euthanasia. Not observed. The euthanasia by injection of Sodium pentobarbital of 16 cats and 10 dogs. Euthanasia by injection is the only method utilized at this facility. Inadequacies or unacceptable practices observed.</td>
<td></td>
</tr>
</tbody>
</table>
| 521.04.18 | Property Euthanizing  
521.04.18 Prepare animals for euthanasia  
Dogs - Euthanasia of dogs was performed outside back of kennel and storage area on several concrete slabs. A new theatre brought all dogs to the euthanasia area. Registry forms or animal information was not obtained and animals were not scanned for microchips prior to euthanasia. Use of Sodium pentobarbital was not adequately recorded until I recommended the handler bring the registry form with the animals. | |

**Recommended:** Verifying Every animal c-Record on each # specified self-traced disruptive and catego Re and scanned for microchips prior to euthanasia. Make policy states that all animals shall be scanned prior to cats - Feal cats are housed in a regular dog kennel and are colored

☐ APPROVED  
☐ CONDITIONALLY APPROVED  
☒ MISAPPROVED  
Date: 9/1/09  Time: 08:00

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

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**AW-2**  
**Rev. 1/07**  
**White= Office**  
**Canary= Inspector**  
**Pink= Owner**  
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**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #:** 45  
**TYPE FACILITY:** Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐  
**BUSINESS NAME:** Rutherford Co  
**OWNER:** Cont  
**ADDRESS:**  
**TELEPHONE:** (____) –  

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<td></td>
<td>During euthanasia cats were either scruffed or held with cat tongs. One employee performed restraint and euthanasia inside the kennel. Cats were injected with 10 mg sodium pentobarbital and released. I observed cats in various stages of euthanasia in the same enclosures. Several cats were injected while hanging at the top of the adjacent evident and with their legs生命的 to the floor. Cats that took several seconds to die through a highly excitatory phase which not only appeared to add to the remaining cat's anxiety but put the cat at a potentially hazardous situation. Euthanasia times varied from immediate to about 45 minutes.</td>
<td></td>
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<tr>
<td></td>
<td>Recommend removing and separating animals housed in a colony. Euthanasia should take place in a calm orderly environment that minimizes stress. Cat tongs should never be used to administer an I.P. injection.</td>
<td></td>
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☐ APPROVED  ☐ CONDITIONALLY APPROVED  ☒ DISAPPROVED  
Date: 9/16/09  Time: 08:00

[Inspector’s Signature]

[Owner/Authorized Agent’s Signature]
**Item Number**  | **Explanation of Inadequacy (circled items above) And Recommendation For Compliance** | **Date Corrections Must Be Completed**
---|---|---
1 | **Euthanasia**, however, the same needle was used on eight cats before it was changed again. Recommend: Use disposable needles only once and then dispose of them in a disposable container (AH). | |
2 | **5/2/04**: Properly euthanize (proper and accurate verification of death). | |
3 | **Dogs**: Of 10 dogs, there was only one that was palpated for a heart beat. Most of the dogs were taken to the animal shelter before being training. I questioned the dogs being placed in the front (stacked) or a leader with no verification of death. County policy states: 

"Lifted an inappropriate amount of time check an animal for a pulse using a stethoscope or place fingers on chest to verify death." 

Recommend: Positively verify each animal death in every instance (no exceptions). At least 3 cats were placed in a trash can by a person with no death verification. | |

**□ APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED**  
Date: 7/4/09  Time: __________

**Sheila J. Swain**
Inspector's Signature

**Jill M. Horton**
Owner/Authorized Agent's Signature
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 65
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Wastewater & Animal Shelter
OWNER: 
ADDRESS: 
TELEPHONE: (____) _____-_____

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<td>52 1.0803</td>
<td>Complete policy and procedure manual - done at time of inspection.</td>
<td></td>
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This is an older facility that does not meet adequate areas for performing veterinary euthanasia - possible solutions could include the following:

1. Modify bite house area
2. Enclose back covered concrete area

Performing euthanasia properly and humanely is crucial to better achieve this. Create a suitable environment that meets the needs of both cats and animals. Euthanasia should be performed in a room separated from the public and general activities of the shelter. A quiet, clean, and safe environment helps reduce stress in COVID animals and cats.

- Concrete flooring in general kennel area and tile floor would prevent mud or seal making impervious to moisture.
- Improper drainage as noted on 1/13/07 and inspections dated 1/18/08, 3/20/08, 5/19/07, 6/29/06. Needs to be addressed - an adequate drainage system must be provided for facility.
- Cross contamination is unavoidable. Primary enclosures shall be constructed as to

- □ APPROVED  □ CONDITIONALLY APPROVED  ■ DISAPPROVED  Date: 9/1/07 Time: 08:00

Shelley Swain
Inspector’s Signature

Owner/Authorized Agent’s Signature

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<td>Ground contamination from waste and waste water - see past inspections.</td>
<td></td>
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<tr>
<td>18</td>
<td>Clean up trash and debris around housing facility. Good sites and debris have accumulated in and around drains - clean out daily.</td>
<td></td>
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</table>

DISAPPROVED