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° 7' 60.74" W: 77° 48' 90.5"

LICENSE #: 32
TYPE FACILITY: Animal Shelter (Private/Public)
BUSINESS NAME: Asper Animal Shelter
OWNER: Scotland Co. Humane Society
ADDRESS: 1401 West Blvd.
TELEPHONE: (910) 370-9211
VMO
COUNTY Scotland

Number of Primary Enclosures 45  Animals Present: Dogs 1  Cats 5

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 1 Treatment
☐ 26. Origin/Disposition
☐ 27. Signature (boarding kennel)
☐ 28. Written permission from owner for commingling (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

APPROVED  CONDITIONALLY APPROVED  DISAPPROVED

Inspector’s Signature

Owner/Authorized Agent’s Signature

Page 1 of 3
### Animal Welfare Section
NC Department of Agriculture and Consumer Services
1030 Mail Service Center
Raleigh, NC 27699-1030

**Animal Welfare Section, NCDA&CS**
**Euthanasia Inspection Report**

<table>
<thead>
<tr>
<th>Name of business</th>
<th>License number (if currently licensed)</th>
<th>License type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asiner Animal Shp'ty Scotland Co. Humane</td>
<td>32</td>
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#### Duties of a CET

- Prepare animals for euthanasia **Acceptable**
- Properly record all data **Acceptable**
- Security, controlled substances **Acceptable**
- Supervise Prob. CET **N/A**
- Properly euthanize **Acceptable**
- Properly dispose of dead **Acceptable**

#### Euthanasia by Injection

- IC only on anesth. or sedated **Acceptable**

#### Euthanasia by CO

- 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 viewport **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**

#### Extraordinary methods

- 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**

#### Policy and procedure 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**
- List after hour euth. meth. **Acceptable**
- Euth. methods if no CET present **Acceptable**
- Policy for verifying death **Acceptable**
- DEA certificate **Acceptable**
- MSDS sheets, chemical or gas **Acceptable**
- MSDS sheets, tranqu. or anesth. **Acceptable**
- First aid information **Acceptable**
- MD contact information **Acceptable**

Signature of inspector: 3-24-10

Page 2 of 3

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

**LICENSE #:** 32  
**TYPE FACILITY:** Animal Shelter (Private/Public)  
**BOARDING KENNEL**  
**PET SHOP**  
**PUBLIC AUCTION**

**BUSINESS NAME:** Asner Animal Shelter / Scotland Co. Humane

**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>
</table>

1. I observed a euthanasia today: Boy C.E.T Gary Terry, 3 kg, euthanized by (V) using Sodium Penobarbital. Facility has its own PA license, it is up to date. Manual was viewed today and found to be in good order. All Drugs are being kept in an acceptable secure location under (V) locks. Death was verified by: (1) lack of respiration, (2) lack of ocular reflexes.

2. I also performed a random inspection on facility today.

   - Items that have been addressed since 9-2-09 inspection:
     1. A contractor has been hired to repair cracks in concrete floor.
     2. Description of animals are complete.
     3. Broken hinges on newspaper cabinet have been replaced.
     4. No chewed nesting surfaces observed today.

3. Items that need to be addressed:
   - #4 - reseal repaint/cinder block walls in both K9 areas as needed. [Multiple Kernels have peeling paint].
   - Minimal rust noted on outdoor gates. Begin to reseal/repaint rusted areas.

4. Cleaning is ongoing at time of inspection.

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

**Date:** 3-24-10  
**Time:** 9:15 AM

**Inspector's Signature:** [Signature]  
**Owner/Authorized Agent's Signature:** [Signature]

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

**PAGE 3 OF 3**