ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.33611 W: 80.21448

LICENSE #: 71
TYPE FACILITY: Animal Shelter (Private/Public) ☑ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Raleigh Co Animal Shelter
OWNER: Raleigh Co Health Dept
ADDRESS: 1037 Cable Ave (Compliance)
TELEPHONE: (704) 446-3881
VMO
COUNTY: Wake

Number of Primary Enclosures 102 Animals Present: Dogs 26 Cats 19

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: 1/26/09 Time: 16:39

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07
White= Office
Canary= Inspector
Pink= Owner
### Euthanasia Inspection Report

**Name of business:**
- [Name]  
- [Address]

**License number (if currently licensed):** 71  
**License type:** Shelter

<table>
<thead>
<tr>
<th>Standard</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare animals for euthanasia</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Properly record all data</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Security, controlled substances</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Supervise Prob. CET</td>
<td>N/A</td>
</tr>
<tr>
<td>Properly euthanize</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Properly dispose of dead</td>
<td>Acceptable</td>
</tr>
<tr>
<td>IC only on anesth. or sedated</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Use only bottled gas</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Use only comm. mfd chamber</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Only same species in chamber</td>
<td>Acceptable</td>
</tr>
<tr>
<td>In chamber for &gt;= 20 min</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Not used on &lt; 16 weeks</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Not used on pregnant</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Not used on near death</td>
<td>Acceptable</td>
</tr>
<tr>
<td>No live with dead</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Chamber in good order</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Airtight seals present</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Chamber sufficiently lit</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Electrical explosion-proof</td>
<td>Acceptable</td>
</tr>
<tr>
<td>If inside, two CO monitors</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Records of monthly inspection</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Records of yearly inspection</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Visual inspection by AWS</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Chamber cleaned b/t uses</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Operational guide &amp; or manual</td>
<td>Acceptable</td>
</tr>
<tr>
<td>&gt;= 2 adults present when used</td>
<td>Acceptable</td>
</tr>
</tbody>
</table>

**Reports of extraordinary euth.:** 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
- 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:**  
**Date:**  
**Page:** 2 of 3  
**Signature of management:**
LICENSE #: 71

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

BUSINESS NAME: Stanley & Animal Shelter

OWNER:

ADDRESS: Cont

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>The euthanasia of two kittens by TC injection - kittens were severely ill.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Euthanasia was performed properly and humanely performed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Death was verified by two employees and animals were placed in freezer to be picked up by renderer do. Welsey Smith CET performed euthanasia.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A veterinarian performs the bulk of most euthanasia.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70% floors scheduled to be repainted by the end of Oct 2009. Walls will be repainted after floors are complete.</td>
<td></td>
</tr>
</tbody>
</table>

X APPROVED  ❑ CONDITIONALLY APPROVED  ❑ DISAPPROVED

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Inspector’s Signature

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