

**NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431**

INDOOR	<input type="checkbox"/>
OUTDOOR	<input type="checkbox"/>
BOTH	<input checked="" type="checkbox"/>

Type of Inspection	
New	<input type="checkbox"/>
Annual	<input checked="" type="checkbox"/> <u>EWTH</u>
Follow-Up	_____
(Prev. Inspection Date)	
Complaint	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>
Random	<input type="checkbox"/>

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.33611 W: 80.21468

LICENSE #: 71
 TYPE FACILITY: Animal Shelter (Private) (Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Stanley Co. Animal Shelter
 OWNER: Stanley Co. Health Dept
 ADDRESS: 1037 Cable Ave. Albemarle
 TELEPHONE: (704) 986-3881
 VMO: Hunter
 COUNTY: Stanley
 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
- 9. Ventilation & Temp.
- 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: 4/16/09 Time: 16:29

Shelley Swain
Inspector's Signature

[Signature]
Owner/Authorized Agent's Signature

phone: (919) 715-7111 FAX: (919) 733-6431
e-mail: agr.aws@ncagr.gov URL: www.ncaws.com

Name of business

Stanley Co Animal Shelter

City

Albemarle

License number (if currently licensed)

71

license type

Shelter

Direct Care

Prepare animals for euthanasia .0418

Properly record all data .0418

Security, controlled substances .0418

Acceptable

Acceptable

Acceptable

Supervise Prob. CET .0418

Properly euthanize .0418

Properly dispose of dead .0418

N/A

Acceptable

Acceptable

Euthanasia by injection

IC only on anesth. or sedated .0501

Acceptable

Euthanasia by CO

Use only bottled gas .0601

Use only comm. mfd chamber .0601

Only same species in chamber .0601

In chamber for >= 20 min. .0601

Not used on < 16 weeks .0602

Not used on pregnant .0602

Not used on near death .0602

No live with dead .0603

NBI

Animals separated .0604

At least 1 viewport .0605

Chamber in good order .0605

Airtight seals present .0605

OK

Light shatterproof .0605

Chamber sufficiently lit .0605

Electrical explosion proof .0605

If inside, two CO monitors .0605

Records of monthly inspection .0606

Records of yearly inspection .0606

Visual inspection by AWS

Chamber cleaned b/t uses .0607

Operational guide & or manual .0608

>= 2 adults present when used .0609

Extraordinary methods

Reports of extraordinary euth. .0705

Acceptable

Policy and procedure manual

Current copy of AWA in manual .0803

Current AVMA euth. in manual .0803

Current HSUS euth. in manual .0803

Current AHA euth. in manual .0803

Acceptable

Acceptable

Acceptable

Acceptable

List of approved euth. methods .0803

List of CETs & methods .0803

Contact info for DVM in PVC .0803

Contact info for DVM care .0803

Acceptable

Acceptable

Acceptable

Acceptable

List after hour euth. meth. .0803

Euth. methods if no CET present .0803

Policy for verifying death .0803

Contact info for suppliers .0803

Acceptable

Acceptable

Acceptable

Acceptable

DEA certificate .0803

MSDS sheets, chemical or gas .0803

MSDS sheets, tranq. or anesth. .0803

Signs & symptoms, human .0803

Acceptable

Acceptable

Acceptable

Acceptable

First aid information .0803

MD contact information .0803

Acceptable

Acceptable

Signature of inspector

date

page

of

3

Signature of management

Sherry Ann Oct 1, 2009

[Signature]

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 71
 TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
 BUSINESS NAME: Hanley Co Animal Shelter
 OWNER: _____
 ADDRESS: Cont
 TELEPHONE: () - -

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	<i>Euthanasia:</i> Reviewed the euthanasia of two kittens by I_2 injection - kittens were heavily sedated before euthanasia was performed. In all instances euthanasia was properly and humanely performed. Death was verified by two employees and animals were placed in freezer to be picked up by Rendering Co. Wesley Smith C/ET performed euthanasia. A veterinarian performs the bulk of mass euthanasia.	
(7)	Floors scheduled to be repainted by the end of Oct 2009. Walls will be repainted after floors are complete.	

APPROVED CONDITIONALLY APPROVED DISAPPROVED Date: 10/1/09 Time: 10:29

Sheela Secum Inspector's Signature Wesley Smith Owner/Authorized Agent's Signature