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: 35.19439 W: 82.79391

LICENSE #: 90
TYPE FACILITY: Animal Shelter (Private) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Transylvania Co. Animal Services
OWNER: Transylvania Co. (Chuck Byrd)
ADDRESS: Ross Road, Brevard N.C.
TELEPHONE: (828) 683-3713
VMO Hunter
COUNTY Transylvania

Number of Primary Enclosures 24  Animals Present: Dogs 4  Cats 1

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 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

Date: 7/16/11 Time: 11:05

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 1 OF 3
### Animal Welfare Section

**NC Department of Agriculture and Consumer Services**

1030 Mail Service Center
Raleigh, NC 27699-1030

Phone: (919) 715-7111  Fax: (919) 733-6431
E-mail: agr.aws@ncagr.gov  URL: www.ncaws.com

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**Transylvania Co. Animal Services**

**Name of business**

**City**: Brevard

**License number (if currently licensed)**: 90

**License type**: 44

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**Duties of a CET**

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

<table>
<thead>
<tr>
<th>Duty</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervise Prob. CET</td>
<td>NA</td>
</tr>
<tr>
<td>Properly euthanize</td>
<td>Adequate</td>
</tr>
<tr>
<td>Properly dispose of dead</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Euthanasia by Injection

- IC only on anesth. or sedated: **Adequate**

### Humanitity & CO

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

### Reports of extraordinary euth.

- **NA**

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**Policy and procedure manual**

- Current copy of AWA in manual: **Adequate**
- Current AVMA euth. in manual: **Adequate**
- Current HSUS euth. in manual: **Adequate**
- Current AHA euth. in manual: **Adequate**
- List of approved euth. methods: **Adequate**
- List of CETs & methods: **Adequate**
- List after hour euth. method: **Adequate**
- Euth. methods if no CET present: **Adequate**
- DEA certificate: **Adequate**
- MSDS sheets, chemical or gas: **Adequate**
- MSDS sheets, tranq. or anesth.: **Adequate**
- First aid information: **Adequate**
- MD contact information: **Adequate**

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**Signature of inspector**: Mary Starnes  **Date**: 7/4/19

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**Signature of management**: Andrew Byrd
ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 90
TYPE FACILITY: Animal Shelter (Private/Public) x Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Transylvania Co. Animal Services
OWNER: Transylvania Co. (Chuck Byars)
ADDRESS: 1205 S Road Brevard NC
TELEPHONE: (678) 883-3513

<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>Euthanasia Report - On 7/6/11 David Blackwell &amp; Eric Owen performed euthanasia on 1 50lb pit using the IV method. Animal was sedated in enclosure, block to back euth. with IV. checked for death, and was properly disposed of. All drugs were secure and recorded properly. Policy &amp; Procedure manual was in place with all adequate info.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Construction of new facility is still moving forward - money in place, fundraisers site has been mailed down, this came in to high was two persons (more needed tied fundraisers) still very optimistic for breaking ground this year.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility that is being used now is very old and structure problems. Within facility, such as concrete problems, chain link in need of repair.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No storage for food &amp; supplies space (cleaner working environment) Building of this site and age is just not suitable for this county. Building is also hard to heat &amp; cool.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Problems at this facility will continue to strengthen in the coming year but staff is continuing to keep facility as clean &amp; safe for the animals as well as they possibly can.</td>
<td></td>
</tr>
</tbody>
</table>

X APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  Date: 7/6/11  Time: 11:05

Mary Stanley
Inspector’s Signature

Gail W. Byars
Owner/Authorized Agent’s Signature

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