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: 31.96049 W: 80.46513

LICENSE #: 64
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Union City Animal Shelter
OWNER:
ADDRESS: 3340 Peason Rd
VMO
COUNTY

Number of Primary Enclosures 149 Animals Present: Dogs 28 Cats 30

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: 7/1/11 Time: 11:12

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, NCDA&CS
#### Euthanasia Inspection Report

**Name of business:** Union Co Animal Shelter  
**City:** Monroe  
**License number (if currently licensed):** 64  
**License type:** Shelter

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Acceptable</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare animals for euthanasia</td>
<td>Acceptable</td>
<td>0.0418</td>
</tr>
<tr>
<td>Properly record all data</td>
<td>Acceptable</td>
<td>0.0418</td>
</tr>
<tr>
<td>Security, controlled substances</td>
<td>Acceptable</td>
<td>0.0418</td>
</tr>
<tr>
<td>Supervise Prob. CET</td>
<td>Acceptable</td>
<td>0.0418</td>
</tr>
<tr>
<td>Properly euthanize</td>
<td>Acceptable</td>
<td>0.0418</td>
</tr>
<tr>
<td>Properly dispose of dead</td>
<td>Acceptable</td>
<td>0.0418</td>
</tr>
</tbody>
</table>

**IC only on anesth. or sedated:** 0.0501

<table>
<thead>
<tr>
<th>Requirement</th>
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</thead>
<tbody>
<tr>
<td>Use only bottled gas</td>
<td>Acceptable</td>
<td>0.0601</td>
</tr>
<tr>
<td>Use only comm. mfd chamber</td>
<td>Acceptable</td>
<td>0.0601</td>
</tr>
<tr>
<td>Only same species in chamber</td>
<td>Acceptable</td>
<td>0.0601</td>
</tr>
<tr>
<td>In chamber for &gt;= 20 min</td>
<td>Acceptable</td>
<td>0.0601</td>
</tr>
<tr>
<td>Not used on &lt; 16 weeks</td>
<td>Acceptable</td>
<td>0.0602</td>
</tr>
<tr>
<td>Not used on pregnant</td>
<td>Acceptable</td>
<td>0.0602</td>
</tr>
<tr>
<td>Not used on near death</td>
<td>Acceptable</td>
<td>0.0602</td>
</tr>
<tr>
<td>No live with dead</td>
<td>Acceptable</td>
<td>0.0603</td>
</tr>
<tr>
<td>Animals separated</td>
<td>Acceptable</td>
<td>0.0604</td>
</tr>
<tr>
<td>At least 1 viewport</td>
<td>Acceptable</td>
<td>0.0605</td>
</tr>
<tr>
<td>Chamber in good order</td>
<td>Acceptable</td>
<td>0.0605</td>
</tr>
<tr>
<td>Airtight seals present</td>
<td>Acceptable</td>
<td>0.0605</td>
</tr>
<tr>
<td>Light shatterproof</td>
<td>Acceptable</td>
<td>0.0605</td>
</tr>
<tr>
<td>Chamber sufficiently lit</td>
<td>Acceptable</td>
<td>0.0605</td>
</tr>
<tr>
<td>Electrical explosion-proof</td>
<td>Acceptable</td>
<td>0.0605</td>
</tr>
<tr>
<td>If inside, two CO monitors</td>
<td>Acceptable</td>
<td>0.0605</td>
</tr>
<tr>
<td>Records of monthly inspection</td>
<td>Acceptable</td>
<td>0.0606</td>
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<tr>
<td>Records of yearly inspection</td>
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<td>0.0606</td>
</tr>
<tr>
<td>Visual inspection by AWS</td>
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<tr>
<td>Chamber cleaned b/t uses</td>
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<tr>
<td>Operational guide &amp; or manual</td>
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</tr>
<tr>
<td>&gt;= 2 adults present when used</td>
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<td>0.0609</td>
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**Reports of extraordinary euth:** 0.0705

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>Current copy of AWA in manual</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Current AVMA euth. in manual</td>
<td>Acceptable</td>
</tr>
<tr>
<td>Current HSUS euth. in manual</td>
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</tr>
<tr>
<td>List of approved euth. methods</td>
<td>Acceptable</td>
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<tr>
<td>List of CETs &amp; methods</td>
<td>Acceptable</td>
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<tr>
<td>Contact info for DVM in PVC.</td>
<td>Acceptable</td>
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<td>Contact info for suppliers</td>
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<td>List after hour euth. meth.</td>
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<tr>
<td>Euth. methods if no CET present</td>
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<tr>
<td>Policy for verifying death</td>
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<tr>
<td>Contact info for suppliers</td>
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</tr>
<tr>
<td>DEA certificate</td>
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<tr>
<td>MSDS sheets, chemical or gas</td>
<td>Acceptable</td>
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<tr>
<td>Signs &amp; symptoms, human</td>
<td>Acceptable</td>
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<tr>
<td>First aid information</td>
<td>Acceptable</td>
</tr>
<tr>
<td>MD contact information</td>
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**Signature of inspector:** [Signature]  
**Date:** Oct 1, 2009  
**Page:** 2 of 3  
**Signature of management:** [Signature]
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

Animal Welfare Section, NCDA&CS
Euthanasia Inspection Report

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MD contact information .0803
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Signature of inspector: [Signature]
date: Oct 1, 2009
Page 2 of 3
Signature of management: [Signature]
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<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>Darkness; the euthanasia of females of two adult cats and adult dog by the injection of sodium pentobarbital on 1/10/03; and then performed by last year's intern Dr. Mitchell. Hanes. Cat and dog were not stunned. In all instances, euthanasia was performed properly and humanely. Animals were properly disposed of.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There were no inadequacies noted during animal inspection.</td>
<td></td>
</tr>
</tbody>
</table>

© APPROVED  □ CONDITIONALLY APPROVED  □ DISAPPROVED  Date: 1/10/03  Time: 11:12

Shelley Demm
Inspector's Signature

Owner/Authorized Agent's Signature