ANIMAL WELFARE INSPECTION

Type of Inspection
New □ Annual □ Follow-Up □ (Prev. Inspection Date) □
Complaint □ Courtesy □ Random □

New □ Annual □ Follow-Up □ (Prev. Inspection Date) □
Complaint □ Courtesy □ Random □

GPS Coordinates - N: 36.25476 W: 78.32485

LICENSE #: 49
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Vance Co Animal Shelter
OWNER: Vance Co Government
ADDRESS: 165 Vance Academy Rd Henderson NC 27537
TELEPHONE: (919) 492-3136
VMO Hunter
COUNTY Vance

Number of Primary Enclosures 31 Animals Present: Dogs 49 Cats 15

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 □ DISAPPROVED Date: 12/1/10 Time: 10:50 am

Owner/Authorized Agent’s Signature

Inspector’s Signature

White= Office Canary= Inspector Pink= Owner

PAGE 1 OF
**Euthanasia Inspection Report**

**Name of business:** VANCE CA Animal Shelter  
**City:** Henderson NC

<table>
<thead>
<tr>
<th>DUTIES OF ACE</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Prepare animals for euthanasia .0418</td>
<td>Properly record all data .0418</td>
<td>Security, controlled substances .0418</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervise Prob. CET .0418</td>
<td>Properly euthanize .0418</td>
<td>Properly dispose of dead .0418</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use only bottled gas .0601</td>
<td>Use only comm. mfd chamber .0601</td>
<td>Only same species in chamber .0601</td>
<td>In chamber for &gt;= 20 min .0601</td>
<td></td>
</tr>
<tr>
<td>Not used on &lt; 16 weeks .0602</td>
<td>Not used on pregnant .0602</td>
<td>Not used on near death .0602</td>
<td>No live with dead .0603</td>
<td></td>
</tr>
<tr>
<td>Animals separated .0604</td>
<td>At least 1 viewport .0605</td>
<td>Chamber in good order .0605</td>
<td>Airtight seals present .0605</td>
<td></td>
</tr>
<tr>
<td>Light shatterproof .0605</td>
<td>Chamber sufficiently lit .0605</td>
<td>Electrical explosion-proof .0605</td>
<td>If inside, two CO monitors .0605</td>
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<tr>
<td>Records of monthly inspection .0606</td>
<td></td>
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<tr>
<td>Chamber cleaned b/t uses .0607</td>
<td>Operational guide &amp; or manual .0608</td>
<td>&gt;= 2 adults present when used .0609</td>
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<td></td>
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<tr>
<td>Reports of extraordinary euth .0705</td>
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</tbody>
</table>

**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
- List of approved euth. methods .0803
- List of CETs & methods .0803
- Contact info for DVM in PVC .0803
- Contact info for DVM care . 0803
- List after hour euth. meth. .0803
- Euth. methods if no CET present .0803
- Contact info for verifying death .0803
- DEA certificate .0803
- MSDS sheets, chemical or gas .0803
- MSDS sheets, tranq. or anesth. .0803
- Signs & symptoms, human .0803
- First aid information .0803
- MD contact information .0803

**Signature of Inspector:**  
**12/14/10**

**Date:**  
**Page 1 of 2**

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

LICENSE #: 49
TYPE FACILITY: Animal Shelter (Private) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Vance Co. Animal Shelter
OWNER:
ADDRESS:
TELEPHONE: ( )

Explanation of Inadequacy (circled items above) And Recommendation For Compliance
Date Corrections Must Be Completed

I performed an Euthanasia inspection today. The shelter utilizes clo at this time. The county has applied for the required licenses to perform E.T.

I observed a practical performed by the CETs. The practical was acceptable.

The chamber was due an annual inspection in October. The inspection has not been completed as of today's inspection.

I am disapproving the inspection because the chamber has not been inspected as required under 0640 of the Euthanasia rules.

The chamber was taken offline today until the chamber is inspected.

□ APPROVED □ DISAPPROVED

Date: 12/1/10 Time: 10:15 AM

Inspector's Signature

Owner/Authorized Agent's Signature

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

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