Name of business: Wake Co SPCA
City: Garner NC
License number: Y
License type:

<table>
<thead>
<tr>
<th>Duties of a CET</th>
<th>Acceptable</th>
<th>Acceptable</th>
<th>Acceptable</th>
</tr>
</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>
</tr>
<tr>
<td>Supervise Prob. CET .0418</td>
<td>Properly euthanize .0418</td>
<td>Properly dispose of dead .0418</td>
<td></td>
</tr>
<tr>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Acceptable</td>
<td></td>
</tr>
</tbody>
</table>

Euthanasia by Injection

IC only on anesth. or sedated .0501
Acceptable

Euthanasia by CO

Use only bottled gas .0601
Acceptable

Use only comm. mfd chamber .0601
Not used on < 16 weeks .0602
Not used on pregnant .0602
Not used on near death .0602
Acceptable

Only same species in chamber .0601
Chamber in good order .0605
Airtight seals present .0605
Acceptable

In chamber for >= 20 min. .0601
Acceptable

Records of monthly inspection .0606
Operational guide & or manual .0608
Acceptable

Records of yearly inspection .0606
Acceptable

Extraordinary methods

Reports of extraordinary euth .0705
Acceptable

Policy and procedure manual

Current copy of AWA in manual .0803
Acceptable

Current AvMA euth. in manual .0803
Acceptable

Current HSUS euth. in manual .0803
Acceptable

Current AHA euth. in manual .0803
Acceptable

List of approved euth. methods .0803
Acceptable

List of CET's & methods .0803
Acceptable

Contact info for DVM in PVC .0803
Acceptable

Contact info for DVM care .0803
Acceptable

List after hour euth. meth. .0803
Acceptable

Euth. methods if no CET present .0803
Acceptable

Policy for verifying death .0803
Acceptable

Contact info for suppliers. 0803
Acceptable

DEA certificate .0803
Acceptable

MSDS sheets, chemical or gas .0803
Acceptable

MSDS sheets, tranq. or anesth. .0803
Acceptable

Signs & symptoms, human .0803
Acceptable

First aid information .0803
Acceptable

MLJ contact information .0803
Acceptable

Signature of inspector: 2/7/10
Date: 2/7/10
Page 1 of 5
Signature of management: Deborah Steddy
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° 70' 15.3 W: 78° 59' 13.6

LICENSE #: 7
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: SPCA of Wake County
OWNER:
ADDRESS: 321 Highview 70 E Garner NC
TELEPHONE: (919) 778-3503
VMO:
COUNTY:

Number of Primary Enclosures 150 Animals Present: Dogs 47 Cats 66

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 |  
|--------------|---
| 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 | □

<table>
<thead>
<tr>
<th>APPROVED</th>
<th>CONDITIONALLY APPROVED</th>
<th>DISAPPROVED</th>
</tr>
</thead>
</table>

Date: 7/6/10 Time: 2:50pm

Inspector’s Signature

Owner/Authorized Agent’s Signature

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

PAGE 2 OF 5
**ANIMAL WELFARE INSPECTION CONTINUATION PAGE**

**LICENSE #: 7**

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

**BUSINESS NAME:** Wake Co SPCA

**OWNER:**

**ADDRESS:**

**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></td>
<td>I performed an annual inspection today. The shelter does not hold stray animals for Cary, Garner and Raleigh. The shelter is housing less animals. The facility for its age (36) years for the most part in good shape. The temperature in the old city side of the shelter was 80°. The temperature in the main building/kennel was 95°. I advised the manager the temperature needs to be brought down. There are no dogs housed in that kennel area at this time. However, if this area is utilized the temperature needs to be maintained between 50-85°. There were no animals to be euthanized on today’s inspection. Since the shelter doesn’t house any stray’s from Cary, Garner and Raleigh the euthanasia rate will drop. I performed a euthanasia inspection on 9/29/09, and it was acceptable. The manual was complete.</td>
<td></td>
</tr>
</tbody>
</table>

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**APPROVED ✔ DISAPPROVED □**

**INSPECTOR’S SIGNATURE**

**DATE:** 9/7/10  **TIME:** 2:30PM

---

**WHITE= Office**  **CANARY= Inspector**  **PINK= Owner**

**PAGE 5 OF 5**