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

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

INDOOR ☐
OUTDOOR ☐
BOTH X

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.76521 **W:** 81.66502

LICENSE #: 54
TYPE FACILITY: Animal Shelter (Private/Public) X **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Burke Co. Animal Shelter
OWNER: Burke Co.
ADDRESS: 150 Government Drive, Morganton NC
TELEPHONE: (828) 438-5465
VMO Hunter
COUNTY Burke

Number of Primary Enclosures 36 **Animals Present: Dogs** 37 **Cats** 2

Inspector: Mark "X" in each box, if adequate.
Circle each item number, if inadequate.
Use NA if not applicable

STRUCTURE

Housing Facilities
X 1. Structure & Repair
X 2. Ventilation & Temp.
X 3. Lighting
X 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
☐ 7. Structure & Repair
☐ 8. Space
X 9. Ventilation & Temp.
X 10. Adequate Shelter

SANITATION

X 11. Waste Disposal
X 12. Odor
X 13. Ceiling, Wall, Floors
X 14. Primary Enclosures
X 15. Equipment & Supplies
X 16. Washrooms, Sinks, Basins
X 17. Insect/Vermin Control
X 18. Building & Grounds

HUSBANDRY
X 19. Adequate Feed/Water
X 20. Food Storage
X 21. Personnel
☐ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
X 23. Animals' Appearance

SPECIAL ITEMS

Records
X 24. Description of Animals
X 25. Records/Vet Treatment
X 26. Origin/Disposition
NA 27. Signature (boarding kennel)
NA 28. Written permission from owner for commingling (doggie daycare)

Transportation
X 29. Care in Transit Discussed

Veterinary Care
X 30. Isolation Facility
X 31. No Signs of Illness/ Treated

X **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 1-11-10 Time: 4:00

Gary Stamey
Inspector's Signature

Lt Steve A Moss
Owner/Authorized Agent's Signature

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

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

Name of business: Burke Co. Animal Shelter

City: Morganton | License number (if currently licensed): 54 | license type: 44

Duties of a CET

Prepare animals for euthanasia .0418: Adequate	Properly record all data .0418: Adequate	Security, controlled substances .0418: Adequate
Supervise Prob. CET .0418: not Applicable	Properly euthanize .0418: Adequate	Properly dispose of dead .0418: Adequate

Euthanasia by Injection

IC only on anesth. or sedated .0501: Not Applicable

Euthanasia by CO

NA

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
Animals separated .0604	At least 1 viewport .0605	Chamber in good order .0605	Airtight seals present .0605
Light shatterproof .0605	Chamber sufficiently lit .0605	Electrical explosion-proof .0605	If inside, two CO monitors .0605

NA NA

Records of monthly inspection .0606	Records of yearly inspection .0606	Visual inspection by AWS

NA

Chamber cleaned b/t uses .0607	Operational guide & or manual .0608	>= 2 adults present when used .0609

Extraordinary methods

Reports of extraordinary euth. .0705: Adequate

Policy and procedure manual

Current copy of AWA in manual .0803: Adequate	Current AVMA euth. in manual .0803: Adequate	Current HSUS euth. in manual .0803: Adequate	Current AHA euth. in manual .0803: Adequate
List of approved euth. methods .0803: Adequate	List of CETs & methods .0803: Adequate	Contact info for DVM in PVC .0803: Adequate	Contact info for DVM care . 0803: Adequate
List after hour euth. meth. 0803: Adequate	Euth. methods if no CET present 0803: Adequate	Policy for verifying death . 0803: Adequate	Contact info for suppliers. 0803: Adequate
DEA certificate . 0803: Adequate	MSDS sheets, chemical or gas . 0803: Adequate	MSDS sheets, tranq. or anesth. . 0803: Adequate	Signs & symptoms, human . 0803: Adequate
First aid information . 0803: Adequate	MD contact information . 0803: Adequate		

Signature of inspector: [signature] | date: 1-11-2010 | page 2 of 3 | Signature of management: [signature]

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 54
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Burke Co. Animal Shelter
OWNER: Burke Co.
ADDRESS: 150 Government Drive, Morganton N.C
TELEPHONE: (828) 438-5463

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
*	Euthanasia Report - on 1-11-2010 I Cet L Massey perform euthanasia on 3 dogs and 1 cat. All animals were brought into back room 1 at a time and each Animal was properly euth. using the IP method. each was verified dead and properly disposed of. All drugs were secure and properly recorded	
#7	outside runs - bite Area in general Chainlink and rails becoming rusted + Broken need to repair. Re-paint + Reseal floors + walls.	
#8	Shelter was over limit on dogs: runs 3, 6, and 8 were holding 5 to 6 dogs each and size of Dog compared to size of enclosure 5 and 6 is to many	
#22	more than 4 in primary enclosures causing fighting over food + space. As numbers of Animals increase coming into shelter more space will be needed to ensure the Animals welfare during their stay at BCAS.	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 1-11-10 Time: 4:00

Gary Stanny
Inspector's Signature

H Steve A Massey
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner