Type of Inspection
New ☐
Annual ☒ 2011
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

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 ☐

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 34.951299 **W:** 77.974811

LICENSE #: 41
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Duplin County Animal Shelter
OWNER: Duplin Co. Gov.
ADDRESS: 117 Middleton Cemetery, Kenansville, NC 28349
TELEPHONE: (910) 296-2159
VMO Hunter
COUNTY Duplin

Number of Primary Enclosures 20 K9 36 Fel. **Animals Present: Dogs** 24 **Cats** 28

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
- ☒ 9. Ventilation & Temp.
- ☒ 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
- N/A ☐ 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) N/A
- ☐ 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** ~~☐ CONDITIONALLY APPROVED~~ ☒ **DISAPPROVED** Date: 7/06/10 Time: 9:10Am

Inspector's Signature **Owner/Authorized Agent's Signature**

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

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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

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BUSINESS NAME: Duplin County Animal Shelter
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Items to Address:	
Building	1) Sally Port Area - Posts need to be painted.	
	3) Qt. Rm. + K-9 Rm - Non-working lights need to be addressed	
	4) Walls, floors and doors in all areas of facility that have chipped or peeling paint need to be repainted.	
Pens	7) K-9 Kennels - Qt. Rm. - #4 Repair Chain link, #6 Rusted gate pipes need to be replaced.	
	K-9 Rm - #1 on right - address wire + pipe on gate.	
	" " #1 on left - pipe on gate.	
	" " #6 on left - Chain link	
Sanitation	11) Outside holding Pen - Scoop + bag feces then hose - It is unacceptable	
	14) to have old feces around the outside of this pen. Primary Encloses -	
	15) means all cages + pens + litter pans must be cleaned at least two times	
	17) a day - Cat litter pans were not given adequate litter and were overflowing w/feces. Even though this inspection started early, evidence was seen that more attention is needed to the cat area. Chewed plastic water buckets must be replaced.	
	There were many spider webs in the K-9 areas - more attention to insect control and cleaning is needed.	
	Remember it is unacceptable to hose an occupied run.	
Records	20) Origin/Disposition - Shelter is not obtaining owner signatures on surrendered dogs or cats - Must start this at once and get full contact information.	
	Comments: Shelter has installed 4 x 8 sheets of extruded plastic sheeting for preventing cross contamination - looks good. Shelter now has krunda beds for the dogs + cats - much improved over the old resting surfaces.	

☐ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☒ DISAPPROVED Date: 7/06/10 Time: 9:10 AM

[signature] [signature]
Inspector's Signature Owner/Authorized Agent's Signature

AW-2
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LICENSE #: 41
TYPE FACILITY: ~~Animal~~ Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Duplin Co AC
OWNER:
ADDRESS: Cont.
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	Temperatures were 42° in the cat room + K9 room at 8:30 Am. The shelter manager has been on leave due to illness and the county has not provided the shelter with any temporary personnel.	
	Re-Inspect in 2 weeks on auth. insp.	
	Re-Inspect in 30 days (working days) on other items.	

☐ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☒ DISAPPROVED Date: 7/06/16 Time: 9:10 Am

Inspector's Signature

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: Duplin County Animal Shelter

City: Kenansville | License number (if currently licensed): 41 | license type: 44

Duties of a CET

Prepare animals for euthanasia .0418: Acceptable	Properly record all data .0418: Acceptable	Security, controlled substances .0418: Acceptable
Supervise Prob. CET .0418: N/A	Properly euthanize .0418: Acceptable	Properly dispose of dead .0418: Acceptable

Euthanasia by Injection

IC only on anesth. or sedated .0501: Acceptable

Euthanasia by CO

Use only bottled gas .0601: N/A	Use only comm. mfd chamber .0601: N/A	Only same species in chamber .0601: N/A	In chamber for >= 20 min. .0601: N/A
Not used on < 16 weeks .0602: N/A	Not used on pregnant .0602: N/A	Not used on near death .0602: N/A	No live with dead .0603: N/A
Animals separated .0604: N/A	At least 1 viewport .0605: N/A	Chamber in good order .0605: N/A	Airtight seals present .0605: N/A
Light shatterproof .0605: N/A	Chamber sufficiently lit .0605: N/A	Electrical explosion-proof .0605: N/A	If inside, two CO monitors .0605: N/A

Records of monthly inspection .0606: N/A	Records of yearly inspection .0606: N/A	Visual inspection by AWS: N/A

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

Extraordinary methods

Reports of extraordinary euth. .0705: N/A - None to Report.

Policy and procedure manual

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

Signature of inspector: [signature] | date: 7/06/10 | page 1 of 2 | Signature of management: [signature]

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Euth Insp. Cont.

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BUSINESS NAME: Duplin Co. AC
OWNER:
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TELEPHONE: (_____) _____-_____

Cont

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	I observed one dog euthanized today by CET Joe Newbern. He used the IC method. The dog was completely anesthetized. Dog was taken to the landfill for disposal. Bagging is not done at this facility. It was discussed and suggested.	
	There have been no extraordinary euth. since last inspection.	
	Items .0803 → All .0803 - Policy + Procedure Manual - Not on site for inspection. This manual must be kept on site so all CETs have access to it.	
	DEA Cert. - Vet. on Program of vet. Care orders all controlled drugs for this shelter and they are received from her office.	

☐ APPROVED ~~☐ CONDITIONALLY APPROVED~~ ☒ DISAPPROVED Date: 7/06/10 Time: 9:10 Am

D.M. Shaler
Inspector's Signature

Owner/Authorized Agent's Signature

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