Type of Inspection
New ☐ _____
Annual ☒ _____
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 ☒

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.62697 **W:** 80.48422

LICENSE #: 36
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: ROWAN CO ANIMAL SHELTER
OWNER: ROWAN CO HEALTH DEPT
ADDRESS: 1465 JULIAN RD SALISBURY
TELEPHONE: (704) 216-7772
VMO HUNTER
COUNTY ROWAN

Number of Primary Enclosures 61 **Animals Present: Dogs** 74 **Cats** 68

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~~ 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
~~N/A~~ Signature (boarding kennel)
~~N/A~~ 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: 9/23/09 Time: 08:00

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: ROWAN CO ANIMAL SHELTER

City: SALISBURY | License number (if currently licensed): 36 | license type:

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: non ap.	Properly euthanize .0418: acceptable	Properly dispose of dead .0418: acceptable

Euthanasia by Injection

IC only on anesth. or sedated .0501: non ap.

Euthanasia by CO

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

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

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

Extraordinary methods

Reports of extraordinary euth. .0705: none available

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 CETs & 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	MD contact information . 0803: acceptable		

Shelley Swann 9/23/09
Signature of inspector date

Signature of management

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 CONTINUATION PAGE

LICENSE #: 36
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: ROWAN Co ANIMAL SHELTER
OWNER:
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	EUTHANASIA- Arrived at shelter at 07:45 - Euthanasia began at aprox 08:30 Della Byrne CET, Jim Rich CET, and Clai Martin were present.	
	I witnessed the euthanasia of 21 kittens and 9 puppies under the age of 6 weeks by I.P. injection of Sodium Pentobarbital, and 6 adult dogs 17 adult cats by Carbon Monoxide	
	In all instances euthanasia was performed properly and humanely.	
	Death was properly verified by both CETs	
	Inspection of C.O. unit was performed on by an Industrial Hygienist	
	Policy and Procedure manual was complete and located in euthanasia room - PIC black out, DEA #5 on copies of licenses in manual	
1 4	Reseal concrete kennel floors making impervious to moisture	
7	Interior and exterior paint in kennel runs is peeling ~~the~~ - Repaint	
7	Guillotine doors in Kennel #'s 13, 2, 15, 17, 19 8, 20, 21, 9, 10, 11, 24 are damaged at bottom	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 9/23/07 Time: 08:00

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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 CONTINUATION PAGE

LICENSE #: 36
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Swain Co
OWNER:
ADDRESS: Cont
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	from dogs scratching and chewing. Replace damaged doors	
(23) (31)	Several adult stray cats were showing symptoms of URI. Provide veterinary care or euthanize - done at time of inspection	
(15)	Make sure food and water receptacles are replaced as they become damaged and are sanitized daily - (receptacles are sanitized in dishwasher)	
	Records are in good order	

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 9/23/07 Time: 08:00

Shelley J. Swain
Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner