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

DA&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: 35.55519 **W:** 76.07814

LICENSE #: 99
TYPE FACILITY: Animal Shelter (Private/Public) ☒ **Boarding Kennel** ☐ **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: Hyde Co. Animal Shelter
OWNER: J. M. Eakes / Hyde Co. Government
ADDRESS: 9300 N. Lake Rd Fairfield NC 27826
TELEPHONE: (252) 945-5543
VMO Blomquist
COUNTY Hyde

Number of Primary Enclosures 12 **Animals Present: Dogs** 0 **Cats** 0

Outdoor Facility

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
- ☒ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
- ☒ 23. Animals' Appearance

SPECIAL ITEMS

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

Transportation
- ☒ 28. Care in Transit Discussed

Veterinary Care
- ☒ 28. Isolation Facility
- ☒ 29. No Signs of Illness/ Treated

☒ **APPROVED** ☐ **DISAPPROVED** Date: 11/6/07 Time: 10:50am

J. E. [illegible]
Inspector's Signature

John M. Eakes
Owner/Authorized Agent's Signature

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

CDA&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 CONTINUTATION PAGE

LICENSE #: _____
TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: Hyde Co. Animal Shelter
OWNER: J. M. Eakes / Hyde Co. Government
ADDRESS: 9300 N. Lake Rd Fairfield NC 27826
TELEPHONE: (252) 945-5543

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
	This is a new facility inspection. Hyde County has constructed an outdoor animal shelter.	
	The shelter is located on the property of Mr. J. M. Eakes on 9300 N. Lake Rd.	
	The shelter has 12 dog runs. The floor of the shelter is sealed concrete. There is a plastic dog house in each kennel. There is a barrier between each kennel.	
	There is a cover over the shelter. There is fencing over each kennel. There is also a perimeter fence of 5'.	
	There is sealed storage containers for food. There is also stainless steel food & water bowls.	
	There is over 6" of gravel surrounding the shelter. There is also proper drainage.	
	The only records utilized is impoundment slips. These impoundment slips show origin/disposition.	
	There will be no vet treatment provided. This is a county public shelter.	
	There is an isolation area. (i.e: animal bite)	
	Mr. Eakes and Hyde County need to be commended for the hard work.	
	Euthanizia will be performed at Pamlico Animal Hospital.	
	This facility can be licensed, once the paperwork is sent to Raleigh	

☒ **APPROVED** ☐ **DISAPPROVED** Date: 11/6/07 Time: 10:30 am

J. E. [signature] — **Inspector's Signature**

John M. [signature] — **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner