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°55'49" W: 76°07'47"

LICENSE #: 99
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel □ Pet Shop □ Public Auction □
BUSINESS NAME: Hyde Co Animal Shelter
OWNER: Hyde Co Government
ADDRESS: 9300 N. Lake Rd. Fairfield NC 27826
TELEPHONE: (336) 542-0401
VMO A Tec
COUNTY Hyde

Number of Primary Enclosures 12 Animals Present: Dogs 4 Cats 0

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 □

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
24. Description of Animals □
25. Records/Vet Treatment □
26. Origin-Disposition □
27. Signature (boarding kennel) □
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 □

Inspector’s Signature

Owner/Authorized Agent’s Signature

Date: 11/09 Time: 3:14 p.m.

PAGE 1 OF
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ANIMAL WELFARE INSPECTION CONTINUATION PAGE

LICENSE #: 99
TYPE FACILITY: Animal Shelter (Private/Public) Boarding Kennel Pet Shop Public Auction
BUSINESS NAME: Hyde CO Animal Shelter
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>Everything looks good.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No Euthanasia is performed at this shelter.</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED □ CONDITIONALLY APPROVED □ DISAPPROVED □

Date: 7/11/09 Time: 3:20
Inspector’s Signature: [Signature]
Owner/Authorized Agent’s Signature: [Signature]

AW-2
Rev. 1/01
White= Office
Canary= Inspector
Pink= Owner

PAGE ___ OF ___