Type of Inspection
New ☐ _____
Annual ☐ _____
Follow-Up OCT 9, 2007
(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 X

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35.27526 **W:** 81.15694

LICENSE #: 10417
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** X **Pet Shop** ☐ **Public Auction** ☐
BUSINESS NAME: THE ANIMAL KEEPERS
OWNER: BERNARD AND PAULETTE BRICE
ADDRESS: 1702 E. OZARK AVE GASTONIA
TELEPHONE: (704) 865-0833
VMO SWAIM
COUNTY GASTON

Number of Primary Enclosures 48 **Animals Present: Dogs** 7 **Cats** 1

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
X 2. Ventilation & Temp.
X 3. Lighting
X 4. Ceiling, Wall, Floors
X 5. Storage
X 6. Water Drainage

Primary Enclosures
☐ 7. Structure & Repair
X 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
N/A 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
X 23. Animals' Appearance

SPECIAL ITEMS

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

Transportation
N/A 28. Care in Transit Discussed

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

X **APPROVED** ☐ **DISAPPROVED** Date: OCT 15, 2007 Time: 13:40

Shelley J. Swaim
Inspector's Signature

Glenella J. Brice
Owner/Authorized Agent's Signature

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

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ANIMAL WELFARE INSPECTION CONTINUTATION PAGE

LICENSE #: 10417
TYPE FACILITY: Animal Shelter (Private/Public) ☐ Boarding Kennel ☒ Pet Shop ☐ Public Auction ☐
BUSINESS NAME: THE ANIMAL KEEPERS
OWNER:
ADDRESS: CONT
TELEPHONE: (_____)_____-_____

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
1 4	PROPERTY OWNER IS IN PROCESS OF REPAIRING CONCRETE & FENCING - DAMAGED METAL FLASHING HAS BEEN REPLACED	
5	CLUTTER AND ACCESSORIES HAVE BEEN REMOVED AND OR STORED PROPERLY	
	RECORDS HAVE BEEN UPDATED ALL ARE CURRENT AND IN MS. BRICES NAME	
	NO DIRTY FOOD OR WATER RECEPTACLES.	
	CONTINUE WITH BUILDING REPAIRS - COMPLETE BY JAN 1 2008 - IF DONE BEFORE THEN CALL AND I WILL RE-INSPECT AT THAT TIME	

☑ APPROVED ☐ DISAPPROVED Date: OCT 15, 2007 Time: 13:40

Shelley J. Swann
Inspector's Signature

Gennelle J. Brice
Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner