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: 35.27537 **W:** 81.15688

LICENSE #: 10417
TYPE FACILITY: Animal Shelter (Private/Public) ☐ **Boarding Kennel** ☒ **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 HUNTER
COUNTY GASTON

ENTERED

Number of Primary Enclosures 48 **Animals Present: Dogs** 12 **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
☒ 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
☐ 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** Date: 9/16/08 Time: 13:00

Shelley J Swain
Inspector's Signature

Glennell J Brice
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 #: 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)	WOODEN DOOR INTO KENNEL FROM LOBBY AREA IS DAMAGED FROM WATER AND POS. CHEWING. WATER IS LEAKING INTO LOBBY FROM UNDER DOOR. REPLACE DAMAGED DOOR AND ROTTEN DOOR FRAME.	
	BACK DOOR LEADING OUTSIDE IS RUSTED AND CHEWED AT BOTTOM. REPLACE BACK DOOR	
(6)	STANDING WATER IN CENTER ISLE OF KENNEL IMPROVE DRAINAGE - AND/OR MOP OR SQUEEGIE CENTER ISLE AFTER CLEANING KENNELS	
(7)	KENNEL AREA PAINT IS PEELING AND CHIPPING RESEAL AND OR PAINT KENNELS AND KENNEL AREA MAKING IMPERVIOUS TO MOISTURE	
(7)	KENNEL # 19 OUTSIDE GATE IS RUSTED EXPOSING SHARP EDGES AND MAKING SANITATION DIFFICULT REPLACE GATE - DO NOT USE UNTIL COMPLETE	
	KENNEL # 14 HOLE IN GATE - REPAIR BEFORE CONTINUED USE	
	DAMAGED CHAINLINK IN BETWEEN KENNELS 1,2,3 - REPAIR AND OR REPLACE	
(63)	BLACK COCKER BILATERAL OCULAR DISCHARGE - MS. BRICE HAS MEDICATION - CLEAN EYES & APPLY Rx FROM VET NOW OTHER INADEQUACIES BY JAN/09	

☐ APPROVED ☒ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 9/10/08 Time: 1300

Inspector's Signature

Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner