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° 27' 52" W: 81° 15' 49"

LICENSE #: 10417
TYPE FACILITY: Animal Shelter (Private/Public) □ Boarding Kennel ☑ Pet Shop □ Public Auction □
BUSINESS NAME: THE ANIMAL KEEPERS
OWNER: BERNARDO AND PAULETTE BRICE
ADDRESS: 1702 EAST 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
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

SPECIAL ITEMS

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

HUSBANDRY

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
29. Isolation Facility
29. No Signs of Illness/Treated

☐ APPROVED ☑ DISAPPROVED Date: 02/09/2007 Time: 08:48

Inspector’s Signature: Shelly Swaim
Owner/Authorized Agent’s Signature: Glenn Brice

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

PAGE 1 OF 3
**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:** CONT.  
**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>(6)</td>
<td><strong>Concrete walkways are cracked and unsealed, paint is peeling from walls, entire building is in various stages of disrepair. Repair or replace walkways and seal or paint making imperious to moisture.</strong></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td><strong>Facility is cluttered with accessories, toys, etc. Clean up and organization store accessories as to prevent contamination - remove clutter</strong></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td><strong>Feed and water bowls stacked in bathroom. These need to be washed and sanitized daily.</strong></td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td><strong>Over all sanitation of facility poor and there is odor present.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Inside kennels #7, 8, 9, 10, 11, 12, 13, 15 chain link gates are damaged. Repair or replace these gates.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Outside kennels #3, 5, 6, 8, 9. Damaged metal flashing exposing sharp edges that are dangerous and could cause injury to animals.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Kennel #6 to remove old damaged wood and replace with material imperious to moisture.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Outside kennels chain link is damaged - replace or repair.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Records are lacking - of the seven dogs on property only one had any type of record. Ms. Briar stated all the dogs except "Kookie" had been abandoned left by clients. One dog "Camille" had been at facility since 1992. "All animals in a facility are subject to the animal welfare act regardless of ownership."

**APPROVED □ DISAPPROVED □**  
**Date:** Oct 5, 2007  
**Time:** 8:45  
**Inspector’s Signature:** [Signature]  
**Owner/Authorized Agent’s Signature:** [Signature]  
**White= Office**  
**Canary= Inspector**  
**Pink= Owner**  
**PAGE 2 OF 3**
**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:**

**TELEPHONE:** (____) _______ - _______

<table>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LEFT COPY OF AWA FOR REVIEW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PLEASE HAVE HUSBANDRY/SANITATION AND RECORDS CORRECTED BY OCT 17, 2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BUILDING REPAIRS CORRECTED BY JAN 1, 2008</td>
<td></td>
</tr>
<tr>
<td></td>
<td>METAL FLASHING REPAIRED BY OCT 17, 200</td>
<td></td>
</tr>
</tbody>
</table>

**□ APPROVED □ DISAPPROVED**

Date: **OCT 9, 2007**  
Time: **13:21**

**Inspector’s Signature:**  
**Owner/Authorized Agent’s Signature:**  

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

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