

New Jersey Department of Health and Senior Services  
INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS

Name of Facility <i>Bird Paradise</i>		License No.	Date of Inspection <i>4/25/06</i>
Address of Facility <i>551 Route 130 South PO Box 206</i>		Time Began <i>11:30</i>	Time Completed <i>1:35</i>
County/ Municipality <i>Burlington City, Burlington County</i>		Inspecting Organization <i>Burlington County Health Dept.</i>	
Name of Inspecting Official(s) <i>Blanca</i>		Telephone Number <i>(609) 247-7777</i>	
Type of Establishment <input type="checkbox"/> Kennel <input checked="" type="checkbox"/> Pet Shop	<input type="checkbox"/> Pound <input type="checkbox"/> Shelter	Type of Inspection <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Routine	Result of Inspection <input type="checkbox"/> Satisfactory <input type="checkbox"/> Conditional A <input type="checkbox"/> Unsatisfactory <input checked="" type="checkbox"/> Conditional B

This inspection is based on N.J.A.C. 8:23A-1 "Animal Facility Operation" promulgated under the authority of N.J.S.A. 4:19-15.14. ("X" indicates a violation)

**N.J.A.C. 8:23A**

**1.2 - COMPLIANCE**

- b. Certificate of local inspection
- d. Fire inspection
- c. Plan review, if applicable

**1.3 - FACILITIES (GENERAL)**

- a. General housing condition
- b. Electric power/water test
- c. Storage of food and/or bedding
- d. Disposal of waste and/or carcasses
- e. Facilities for caretaker's cleanliness
- f. Premises (buildings and grounds)

**1.4 - FACILITIES (INDOOR)**

- a. Indoor facilities/acclimation certificate not provided
- b. Heating
- c. Ventilation
- d&e. Lighting
- f. Interior surfaces not impervious to moisture
- g. Drainage

**1.5 - FACILITIES (OUTDOOR)**

- a,b,&c. Protection from weather elements
- d. Drainage
- e. Outdoor enclosure surfaces/disposal of run off

**1.6 - PRIMARY ENCLOSURES**

- a. Primary enclosure requirements
- b,g,&h. Enclosure size/litter receptacle/exercise
- c. Segregation of animals
- d. Disinfection between inhabitants
- e. Isolating contagious animals
- f. Flooring
- i. Suspect rabid animal caging
- j. Tethering in lieu of primary enclosures

**1.7 - FEEDING AND WATERING**

- a&c. Feeding frequency
- b. Food quality
- d. Location of food receptacles
- e,f,&g. Food receptacles
- h. Potable water/water receptacles

**1.8 - SANITATION**

- a. Removal of excreta/protection of animals during cleaning
- b. Frequency of cleaning
- c. Disinfection practices
- d. Condition of buildings/grounds
- e. Pest control

**N.J.A.C. 8:23A SECTIONS (CONTINUED)**

**1.9 - DISEASE CONTROL**

- a. Disease control and health care program established and maintained by a veterinarian:  
Dr. Mark D. Esse
- b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting
- d. Observation of animals/treatment of injury or illness/stress remediation
- e,k,&l. Handling of rabies suspects
- f. Isolation of animals with communicable disease
- g,h,&i. Isolation rooms
- m&n. Fact sheets/noncompliance of ordered quarantine

**1.10 - HOLDING AND RECLAIMING ANIMALS**

- a.  1. Seven day stray holding period
- 1-4. Rabies holding period/rabies testing protocol
- 5-6. Elective euthanasia
- b. Facility Sign
- b.  1-5. Public access
- 6-7. Notification of unlicensed dog/impoundment

**1.11 - EUTHANASIA**

- a&b. Pre-euthanasia handling/sedation
- c&d. Method of euthanasia
- e. Persons administering euthanasia
- f. Euthanasia protocol
- g. Assessment of animals after euthanasia

**1.12 - TRANSPORTATION**

- a&b. Vehicle requirements
- c,e,&f. Primary enclosures
- d. Animal segregation
- g. Sanitation of enclosures
- h. Emergency veterinary care
- i. Temporary holding facilities

**1.13 - RECORDS AND ADMINISTRATION**

- a,c,&d. Record keeping
- b. Records not kept on premise
- e. Change in facility status

**NJAC 8:23-1 THROUGH 3**

- 1.1 Importation of dogs; certification requirements
- 1.2 Reporting of known or suspect rabid animal
- 1.3 Transportation of confined animals
- 1.4 Quarantine, testing and transportation of pet birds
- 1.5 Records of pet birds
- 2.1 Sale of turtle eggs/live turtles
- 3.1 Transportation of animals by ACOs

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs		Birds	450				
Cats							

Signature of Owner, Operator or Representative  
*Johna Schular*

Signature of Inspecting Official(s)  
*Blanca*

**BURLINGTON COUNTY  
HEALTH DEPARTMENT**

**CONTINUATION SHEET FOR  
SANITARY INSPECTION REPORT**

NAME OF OWNER(S), PARTNERSHIP OR CORP.		ESTABLISHMENT CODE	LICENSE/IDENTIFICATION	DATE
Bird Paradise				4/25
SIGNATURE OF INSPECTING OFFICIAL		MUNICIPALITY	TIME-(2400 HOURS)	
D. Lane		Burlington City	BEGAN 11:30 ENDED 1:30	
REG/ITEM NO	REMARKS (Please specify area)			
	Store Area			
1.8d	Food debris accumulating on floor below bulk & food items			
1.7b	Food debris on bottom shelf of 'Pops' refrigerator & on left side of store			
1.7b	Food debris in pet water bowls where parrots are kept in the furthest room of the store.			
1.8a	Bird droppings on floor by Macaw birds			
1.9d (2)	Blue parrots and 6 Macaws missing feathers on their heads			
abated	Hand soap not provided at sinks in animal rooms			
	Office Area			
1.8d	Food debris on floor under cages.			
	Stockroom			
1.8e	1" air gap under garage doors - may allow for entrance of vermin. Door sweep to be provided			
1.7b	Food debris on bottom shelf and door interior of upright freezer			
	Back & Back Room for New Arrivals			
1.8d	Food debris on floor under cages.			
	Compliance			
1.2b	Lack of certificate of most recent health dept inspection			
1.2d	Lack of fire inspection certificate			
1.9 b, c, d	Lack of certificate of veterinary supervision			
Note	Vet of record to submit form to owner of this establishment			