

PET DEALER INSPECTION REPORT - AI-500Rating: **Non-Compliant General - 30**Purpose: **Inspection**DATE/TOA: **5/10/21 12:00 pm**License No.: **1024** Expiration Date: **05/10/2021****HIDDEN POND KENNEL
641 DRY BROOK RD**Inspector #: **847****WAVERLY NY 14892**

These are the findings of an inspection of your facility on the date(s) indicated above:

**Agriculture & Markets Law - Article
26A - Care of Animals by Pet Dealers****Section 401****A. Housing In/Out**

- | | |
|---|----------------|
| 1. Primary Enclosure | Satisfactory |
| 2. Surfaces | General |
| <i>Outdoor primary enclosure does not have an impervious surface.</i> | |
| 3. Space | Satisfactory |
| 4. Wire Flooring | Satisfactory |
| 5. Ventilation | Satisfactory |
| 6. Temp/Shelter | Satisfactory |
| 7. Light | Satisfactory |
| 8. Waste & Drainage | Satisfactory |
| 9. Whelping Box | Satisfactory |
| 10. Isolation | Satisfactory |

B. Sanitation

- | | |
|----------------|--------------|
| 1. Cleanliness | Satisfactory |
| 2. Safety | Satisfactory |
| 3. Trash | Satisfactory |

C. Feeding & Watering

- | | |
|----------------|--------------|
| 1. Food | Satisfactory |
| 2. Intervals | Satisfactory |
| 3. Receptacles | Satisfactory |
| 4. Water | Satisfactory |

D. Humane Methods

- | | |
|---------------|--------------|
| 1. Handling | Satisfactory |
| 2. Euthanasia | Satisfactory |

E. Veterinary Care

- | | |
|--------------------|----------------|
| 1. Veterinary Plan | General |
|--------------------|----------------|

*Sick/injured care plan is not exactly outlines.
Veterinary initials needed for changes.*

- | | |
|----------------------|----------------|
| 2. Inoculations | Satisfactory |
| 3. Sick/Injured Care | Satisfactory |
| 4. Observation | Satisfactory |
| 5. Health Exams/CVI | Satisfactory |
| 6. Exercise Plan | General |

*Exact dates need to be specified on the exercise log.***Section 402****F. Records**

- | | |
|----------------------------|--------------|
| 1. Source of Animals | Satisfactory |
| 2. 8 Weeks old at sale | Satisfactory |
| 3. Date Acquired | Satisfactory |
| 4. Description | Satisfactory |
| 5. Disposition | Satisfactory |
| 6. 2 Years of Records | Satisfactory |
| 7. Availability of Records | Satisfactory |

Section 403**G. Licenses**

- | | |
|--------------------|----------------|
| 1. License Status | Satisfactory |
| 2. Advertisement | Satisfactory |
| 3. License Display | General |

*Current license was not with materials to be posted.***General Business Law - Article 35D -
Sale of Dogs & Cats****Section 753 a,b,c****H. Sale of Animal**

- | | |
|--------------------|--------------|
| 1. Receipt of Sale | Satisfactory |
| 2. Rabies Notice | Satisfactory |

**General Business Law - Article 35D -
Sale of Dogs & Cats**

Section 753b

I. Information Statement

- | | |
|---|----------------|
| 1. Standard Form | General |
| <i>At least 5 sales did not disclose medical conditions that were listed on the health exams.</i> | |
| 2. Dog License Notice | Satisfactory |
| 3. Spay/Neuter Notice | Satisfactory |
| 4. Source/Treatment Sign | Satisfactory |

Section 753c

J. Pedigree Registration

- | | |
|---|----------------|
| 1. Registration Notice | General |
| <i>Registration notice was not with materials to be posted.</i> | |
| 2. Registry Disclosure | Satisfactory |

Section 754

K. Consumer Rights Notice

- | | |
|-------------------------|--------------|
| 1. Cons. Rights Posted | Satisfactory |
| 2. Cons. Rights Handout | Satisfactory |

L. Other

- | | |
|-----------------|--------------|
| 1. Dog Licenses | Satisfactory |
| 2. Other | Satisfactory |

Additional Information for Inspection:

Number of Animals:

Number of Dogs/Cats at premise: 18 dogs, 2 puppies

REMARKS:

Outdoor primary enclosure must be upgraded to be impervious to water. Exercise log needs exact dates to specify when the dogs were let out. Posted materials are mobile at this facility since they show puppies at alternate locations. Current license and pedigree disclosure need to be posted. On the standard form, all sales must disclose health conditions that are listed on the health exam.

REPRESENTATIVE PRESENT FOR INSPECTION: **David Cortland**
TITLE: **Owner**

REVIEWED BY: Inspector #: **64**
REVIEWED DATE: **05/18/2021**