

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: 5/8/25 11:30 am

**BROOKHAVEN ANIMAL SHELTER**  
**300 HORSEBLOCK ROAD**  
**BROOKHAVEN NY 11719**

Inspector #: **62**  
Inspector #: **84**  
Inspector #: **076**

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

- |  |     |
|--|-----|
| 1. Shelter is structurally sound   | Yes |
| 2. Housing area and equipment is sanitized regularly                           | Yes |
| 3. Repairs are done when necessary   | Yes |
| 4. Dogs are handled safely   | Yes |
| 5. Adequate space is available for all dogs                                    | Yes |
| 6. Light is sufficient for observation   | Yes |
| 7. Ventilation is adequate   | Yes |
| 8. Drainage is adequate  | Yes |
| 9. Temperature extremes are avoided  | Yes |
| 10. Clean food and water is available and in ample amount                      | Yes |
| 11. Veterinary care is provided when necessary                                 | Yes |
| 12. Dogs are euthanized humanely, by authorized personnel                      | Yes |
| 13. Complete intake and disposition records are maintained for all seized dogs | Yes |
| 14. Dogs transferred for purposes of adoption in compliance with Article 7     | Yes |
| 15. Redemption period is observed before adoption, euthanasia or transfer      | Yes |
| 16. Owners of identified dogs are properly notified                            | Yes |
| 17. Redeemed dogs are licensed before release                                  | Yes |
| 18. Proper impoundment fees paid before dogs are released                      | Yes |
| 19. Written contract or lease with municipality                                | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
4702	Town of Brookhaven

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Jennifer Schneider**

TITLE: **office assistant**

REVIEWED BY: **Inspector #: 67**

REVIEWED DATE: **05/14/2025**