

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **1/16/26 11:15 am****NORTH FORK ANIMAL WELFARE MUNICIPAL SHELTER  
163 PECONIC LANE  
PECONIC NY 11958**Inspector #: **62**  
Inspector #: **84**  
Inspector #: **82**  
Inspector #: **846**

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

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| 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 |

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Town - City - Village Information for Inspection:

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| TCV CODE | TCV NAME |
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REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Gabby Stroup**  
TITLE: **director of operations**REVIEWED BY: **Inspector #: 67**  
REVIEWED DATE: **01/21/2026**