NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF ANIMAL INDUSTRY
10B AIRLINE DRIVE, ALBANY, NY 12235

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365** Purpose: **Inspection**

DATE/TOA: **3/4/14 11:30 am**

NEWBURGH TOWN DOG SHELTER
645 GIDNEY AVE
NEWBURGH NY 12550

Inspector #: **67**
Inspector #: **18**

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
Bleach and water	
3. Repairs are done when necessary	Yes
All kennel floors recently resurfaced.	
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
Flannery Animal Hospital and/or Newburgh Veterinary Hospital	
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	Not Applicable

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3314	Town of Newburgh

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Shontalle Haight**
TITLE: **ACO/ MAnager**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **03/05/2014**