

MUNICIPAL SHELTER INSPECTION REPORT - DL-90Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **7/9/14 9:45 am****OYSTER BAY ANIMAL SHELTER
150 MILLER PLACE C/O C YODICE
SYOSSET NY 11791**Inspector #: **51**

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
2803	Town of Oyster Bay
2810	Village of Centre Island
2812	Village of Farmingdale
2821	Village of Laurel Hollow
2825	Village of Massapequa Park
2826	Village of Mill Neck
2827	Village of Oyster Bay Cove

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Director**

Laurie Scarpo

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **07/10/2014**