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: **Satisfactory60** Purpose: **Inspection**

DATE/TOA: **10/24/14 11:45 am**

HS OF PORT JERVIS-DEER PK INC
202 RTE 209
PORT JERVIS NY 12771

Inspector #: **67**

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
The kennel has faint odor of disinfectant. Very pleasant. Adjacent building previously had strong odors of urine that are not present at this inspection.	
3. Repairs are done when necessary	Yes
Sealant has arrived and arrangements underway for application.	
4. Dogs are handled safely	Yes
5. Adequate space is available for all dogs	Yes
At the time of inspection, 2 vacant kennels for municipality dogs	
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
TARA van, Dr. Johnson and Dr. Dubinsky	
12. Dogs are euthanized humanely, by authorized personnel	Yes
13. Complete intake and disposition records are maintained for all seized dogs	Yes
Seizure reports are complete and well organized.	
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
Impound receipts stapled to seizure reports to verify.	
19. Written contract or lease with municipality	Yes

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
4808	Town of Highland
4810	Town of Lumberland
4815	Town of Tusten
3319	Town of Wawayanda
3323	City of Port Jervis
3307	Town of Greenville
3313	Town of Mount Hope

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Elaina Decker**
TITLE: **office manager**

REVIEWED BY: **Inspector #: 50**
REVIEWED DATE: **10/24/2014**