

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **10/27/14 11:30 am**

**CARMEL ANIMAL HOSPITAL  
 235 ROUTE 52  
 CARMEL NY 10512**

Inspector #: **61**

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

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| <b>1. Shelter is structurally sound</b>  | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b>  | Yes            |
| <b>3. Repairs are done when necessary</b>  | Yes            |
| <b>4. Dogs are handled safely</b>  | Yes            |
| <b>5. Adequate space is available for all dogs</b>   | Yes            |
| <b>6. Light is sufficient for observation</b>  | Yes            |
| <b>7. Ventilation is adequate</b>  | Yes            |
| <b>8. Drainage is adequate</b>   | Yes            |
| <b>9. Temperature extremes are avoided</b><br><i>No outdoor runs.</i>  | Not Applicable |
| <b>10. Clean food and water is available and in ample amount</b>   | Yes            |
| <b>11. Veterinary care is provided when necessary</b>  | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>   | Yes            |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b><br><i>All seized dogs must include disposition information on records.</i> | No             |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b><br><i>DCO handles.</i>   | Not Applicable |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b><br><i>DCO handles.</i>  | Not Applicable |
| <b>16. Owners of identified dogs are properly notified</b>   | Yes            |
| <b>17. Redeemed dogs are licensed before release</b><br><i>DCO handles.</i>  | Not Applicable |
| <b>18. Proper impoundment fees paid before dogs are released</b><br><i>DCO handles.</i>  | Not Applicable |
| <b>19. Written contract or lease with municipality</b><br><i>A written contract with the municipality and the animal hospital is needed.</i>                     | No             |

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Town - City - Village Information for Inspection:

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<b>TCV CODE</b>	<b>TCV NAME</b>
3702	Town of Kent

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Dr. Jack Covitz**  
TITLE: **Owner**

REVIEWED BY: **Inspector #: 50**  
REVIEWED DATE: **10/31/2014**