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: **1/28/15 10:45 am**

Gardiner Animal Hospital
177 Main Street
Gardiner NY 12525

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
Kennel care disinfectant	
3. Repairs are done when necessary	Yes
4. Dogs are handled safely	Yes
5. Adequate space is available for all dogs	Yes
Article 7 dogs are held in kennel area and either leash walked or exercised in facility runs.	
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	Not Applicable
According to agreement, DCO maintains seizure reports and completes dispositions on all seized dogs. Gardiner Animal Hospital maintains a boarding record on all dogs held under Article 7 to document care.	
14. Dogs transferred for purposes of adoption in compliance with Article 7	Not Applicable
Record keeping and transfers responsibility of DCO.	
15. Redemption period is observed before adoption, euthanasia or transfer	Not Applicable
DCO responsible for maintaining redemption period.	
16. Owners of identified dogs are properly notified	Not Applicable
Responsibility of DCO	
17. Redeemed dogs are licensed before release	Not Applicable
Responsibility of DCO.	
18. Proper impoundment fees paid before dogs are released	Not Applicable
Responsibility of DCO.	
19. Written contract or lease with municipality	Yes
Contracts in Place on 1/30/15.	

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
5107	Town of Lloyd
5109	Town of Marlborough

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Matt Goodnow**
TITLE: **General manager**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **02/06/2015**