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: **Unsatisfactory30** Purpose: **Inspection**

DATE/TOA: **3/6/15 10:45 am**

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

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
3. Repairs are done when necessary	Yes
Working on repair and reseal of kennels.	
4. Dogs are handled safely	Yes
5. Adequate space is available for all dogs	Yes
Only one side of the kennel being utilized at this time due to ice build-up and north facing 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
Dr. Johnson and/or Dr. Dubensky	
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	No

No valid contract for the City of Port Jervis available at time of inspection. Contacted City clerk's office; awaiting contract verification.

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
4808	Town of Highland
4810	Town of Lumberland
3319	Town of Wawayanda
3323	City of Port Jervis
3307	Town of Greenville

REMARKS:

The shelter looks to be well organized. There is a variety of reference material available for those interested in adopting.

REPRESENTATIVE PRESENT FOR INSPECTION: **Susan Becker**
TITLE: **shelter Director**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **03/11/2015**