

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **12/11/15 4:00 pm**

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

Inspector #: **61**

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

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

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3702	Town of Kent

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **N/A**
TITLE: **N/A**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **12/15/2015**