

MUNICIPAL SHELTER INSPECTION REPORT - DL-90Rating: **Unsatisfactory30**Purpose: **Complaint Inspection**DATE/TOA: **5/11/16 10:45 am**Cove Animal Rescue
40 Shore Rd.
Glen Cove NY 11542Inspector #: **51**Inspector #: **59**

 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 |
| 4. Dogs are handled safely | Yes |
| 5. Adequate space is available for all dogs | Yes |
| 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 | No |
| <i>The director needs to revise the dog seizure and disposition form to include all information needed.</i> | |
| 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 | Yes |

 Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
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2804	City of Glen Cove
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REMARKS:

Some dogs cages had dog ID's on the cages while others had none. I would recommend all dogs have cage cards to prevent confusion. Also the director stated they ordered a mesh screen for the outdoor runs.

 REPRESENTATIVE PRESENT FOR INSPECTION: **Betty Geiger**
 TITLE: **director**

 REVIEWED BY: **Inspector #: 18**
 REVIEWED DATE: **05/12/2016**