

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **12/21/10 10:30 am**

**SOUTH SALEM ANIMAL HOSPITAL
1310 RT 35
SOUTH SALEM NY 10590**

Inspector #: **61**

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

A. Standards of Care

- 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. Temperature extremes are avoided Yes
- 9. Clean food and water is available and in ample amount Yes
- 10. Veterinary care is provided when necessary Yes
- 11. Dogs are euthanized humanely, by authorized personnel Yes
- 12. Outdoor shelter complies with Article 26 Yes

B. Records

- 1. DL-18 Seizure Report is on file for all impounded dogs Yes
- 2. Holding period is observed before adoption or euthanasia Yes
- 3. All dogs are licensed before release Yes
- 4. Impound fee paid before dog is released Yes
- 5. Written contract or lease with municipality Yes
- 6. Bond is current, updates sent to Ag & Mkts Not Applicable

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
5511	Town of North Salem
5506	Town of Lewisboro

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Brian Nusbacher**
TITLE: **Administrator**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **12/22/2010**