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: **2/8/18 2:00 pm**

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:

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

The dog control officers are responsible for maintaining all disposition paperwork at the animal hospital. Each seized dog should have a corresponding record with all the information recorded. All the towns have redeemed dog records that do not include the license numbers.

14. Dogs transferred for purposes of adoption in compliance with Article 7	No

The paperwork does not demonstrate compliance.

15. Redemption period is observed before adoption, euthanasia or transfer	No

The paperwork does not demonstrate compliance.

16. Owners of identified dogs are properly notified	Yes
17. Redeemed dogs are licensed before release	No

The paperwork does not demonstrate compliance.

18. Proper impoundment fees paid before dogs are released	No

The paperwork does not demonstrate compliance.

19. Written contract or lease with municipality	Yes

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
5511	Town of North Salem
5515	Town of Somers
5506	Town of Lewisboro
5513	Town of Pound Ridge

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Diane Wells**
TITLE: **Receptionist**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **02/13/2018**