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: **7/27/18 4:30 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	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

ONLY THE TOWN OF SOMERS IS IN NEEDED OF A CURRENT WRITTEN CONTRACT. All other municipalities are compliant.

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:

This inspection report has been generated after the inspector has been in contact with the Somer's Town Clerk. The town has emailed the contract to the Animal Hospital for a signature.

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

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **08/01/2018**