

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Pending**

Purpose: **Inspection**

DATE/TOA: **6/16/20 12:30 pm**

**BROOKFARM VETERINARY CENTER  
2371 ROUTE 22  
PATTERSON NY 12563**

Inspector #: **61**

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

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|---|----------------|
| <b>1. Shelter is structurally sound</b>   | Not Applicable |
| <b>2. Housing area and equipment is sanitized regularly</b>                           | Not Applicable |
| <b>3. Repairs are done when necessary</b>   | Not Applicable |
| <b>4. Dogs are handled safely</b>   | Not Applicable |
| <b>5. Adequate space is available for all dogs</b>                                    | Not Applicable |
| <b>6. Light is sufficient for observation</b>   | Not Applicable |
| <b>7. Ventilation is adequate</b>   | Not Applicable |
| <b>8. Drainage is adequate</b>  | Not Applicable |
| <b>9. Temperature extremes are avoided</b>  | Not Applicable |
| <b>10. Clean food and water is available and in ample amount</b>                      | Not Applicable |
| <b>11. Veterinary care is provided when necessary</b>                                 | Not Applicable |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>                      | Not Applicable |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b> | Not Applicable |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>     | Not Applicable |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>      | Not Applicable |
| <b>16. Owners of identified dogs are properly notified</b>                            | Not Applicable |
| <b>17. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <b>18. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <b>19. Written contract or lease with municipality</b>                                | Not Applicable |

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Town - City - Village Information for Inspection:

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**TCV CODE    TCV NAME**

3703            Town of Patterson

REMARKS:

**Access denied due to COVID-19. A call has been placed to the hospital director and I am waiting for a response.**

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

REVIEWED BY:    **Inspector #: 18**  
REVIEWED DATE:    **06/18/2020**