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: **Satisfactory365** Purpose: **Inspection**

DATE/TOA: **8/11/11 11:00 am**

BROOKHAVEN ANIMAL SHELTER
300 HORSEBLOCK ROAD
BROOKHAVEN NY 11719

Inspector #: **59**

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. 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. Outdoor shelter complies with Article 26	Yes

B. Records

1. Complete intake and disposition records are maintained for all seized dogs	Yes
2. Dogs transferred for purposes of adoption go to approved facilities only	Yes
3. Holding period is observed before adoption or euthanasia	Yes
4. Redeemed dogs are licensed before release	Yes
5. Impound fees paid before dogs are released	Yes
6. Impound fees in addition to state mandated fees are set by local law or ordinance	Yes
7. Written contract or lease with municipality	Not Applicable

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
4702	Town of Brookhaven

REMARKS:

THE SHELTER PRESENTLY HAS A RINGWORM OUTBREAK-APPROPRIATE PROTOCOL IS BEING FOLLOWED UTILIZING ISOLATION FOR CONFIRMED AND SUSPECT CASES,PREVENTATIVE DIPS,PROTECTIVE GOWNS,GLOVES,HAIR NETS AND BOOTIES FOR EMPLOYEES AND NO VISITORS ARE PERMITTED IN THE KENNELS.

REPRESENTATIVE PRESENT FOR INSPECTION: **DORI SCOFIELD**
TITLE: **DIRECTOR**

REVIEWED BY:
REVIEWED DATE: **08/12/2011**