

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **8/11/11 1:00 pm**

**PUTNAM COUNTY HS  
 68 OLD RT 6  
 CARMEL NY 10512**

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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### 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                                       | Yes |

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Town - City - Village Information for Inspection:

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<u>TCV CODE</u>	<u>TCV NAME</u>
3701	Town of Carmel
3704	Town of Philipstown
3706	Town of Southeast
3702	Town of Kent

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:  
TITLE: **Office Manager**

**Colleen Zaccaro**

REVIEWED BY: **Inspector #: 18**  
REVIEWED DATE: **08/17/2011**