

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **10/21/11 11:00 am**

**SMITHTOWN ANIMAL SHELTER  
 410 MIDDLE COUNTRY ROAD  
 SMITHTOWN NY 11787**

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                                       | Yes |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
4708	Town of Smithtown

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **MONICA STEVENS**  
TITLE: **ACO**

REVIEWED BY: **Inspector #: 18**  
REVIEWED DATE: **10/23/2011**