

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **1/11/23 12:00 pm****North Shore Animal Welfare League Riverhead Shelter  
324 Church Lane  
Riverhead NY 11933**Inspector #: **62**


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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>   | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>                           | Yes |
| <b>3. Repairs are done when necessary</b>   | Yes |
| <b>4. Dogs are handled safely</b>   | Yes |
| <b>5. Adequate space is available for all dogs</b>                                    | Yes |
| <b>6. Light is sufficient for observation</b>   | Yes |
| <b>7. Ventilation is adequate</b>   | Yes |
| <b>8. Drainage is adequate</b>  | Yes |
| <b>9. Temperature extremes are avoided</b>  | Yes |
| <b>10. Clean food and water is available and in ample amount</b>                      | Yes |
| <b>11. Veterinary care is provided when necessary</b>                                 | Yes |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>                      | Yes |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b> | Yes |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>     | Yes |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>      | Yes |
| <b>16. Owners of identified dogs are properly notified</b>                            | Yes |
| <b>17. Redeemed dogs are licensed before release</b>                                  | Yes |
| <b>18. Proper impoundment fees paid before dogs are released</b>                      | Yes |
| <b>19. Written contract or lease with municipality</b>                                | Yes |

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 Town - City - Village Information for Inspection:
 

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| <b>TCV CODE</b> | <b>TCV NAME</b>   |
|-----------------|-------------------|
| 4706            | Town of Riverhead |

REMARKS:

 REPRESENTATIVE PRESENT FOR INSPECTION: **Karlene Groblewski**  
 TITLE: **manager**

 REVIEWED BY: **Inspector #: 67**  
 REVIEWED DATE: **01/17/2023**