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: **Unsatisfactory30** Purpose: **Inspection**

DATE/TOA: **4/28/23 12:15 pm**

HUMANE SOCIETY OF WALDEN
2489 ALBANY POST ROAD
WALDEN NY 12586

Inspector #: **67**

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

1. Shelter is structurally sound	Yes
2. Housing area and equipment is sanitized regularly	Yes
3. Repairs are done when necessary	No

Kennel space in first room has holes in sheetrock, electrical outlet exposed to animals; bare wood studs exposed.
Kennel door in "isolation" area has food holder removed- concern of safety of paw / leg injury.
Several exterior runs with dogs in them, have cross bars rusted through with potential for injury.
One exterior run held closed with nylon leash.

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	No

Several bags of dog food stored on the floor can be exposed to floor cleaning chemicals

11. Veterinary care is provided when necessary	Yes
12. Dogs are euthanized humanely, by authorized personnel	Yes
13. Complete intake and disposition records are maintained for all seized dogs	Yes
14. Dogs transferred for purposes of adoption in compliance with Article 7	Yes
15. Redemption period is observed before adoption, euthanasia or transfer	Yes
16. Owners of identified dogs are properly notified	Yes
17. Redeemed dogs are licensed before release	Yes
18. Proper impoundment fees paid before dogs are released	Yes
19. Written contract or lease with municipality	No

Contract with Town of Mamakating not present.

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3304	Town of Crawford
4811	Town of Mamakating
3312	Town of Montgomery
3303	Town of Cornwall
5117	Town of Shawangunk

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Jody Botjer**
TITLE: **shelter supervisor**

REVIEWED BY: **Inspector #: 833**
REVIEWED DATE: **05/02/2023**