

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory60**

Purpose: **Inspection**

DATE/TOA: **5/4/23 10:30 am**

**HUMANE SOCIETY OF MIDDLETOWN INC
 142 BLOOMINGBURG ROAD
 MIDDLETOWN NY 10940**

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 | Yes |
| <i>Plans to repair missing mortar in interior kennel walls.</i> | |
| <i>Last interior kennel has long crack in kennel floor, but kennel not being used.</i> | |
| <i>Run 19 has missing concrete at the saddle of guillotine door.</i> | |
| 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. 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 | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
4804	Town of Delaware
4805	Town of Fallsburg
4801	Town of Bethel
4803	Town of Cochection
3304	Town of Crawford
4809	Town of Liberty
3310	Town of Minisink
4813	Town of Rockland
4814	Town of Thompson
3317	Town of Walkill
5119	Town of Wawarsing
3321	City of Middletown
3313	Town of Mount Hope

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Shelter manager**

Maureen Hogan

REVIEWED BY: **Inspector #: 833**
REVIEWED DATE: **05/08/2023**