DATE/TOA: 7/18/23 12:45 pm

## 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 |
| Previous issues have been repaired. Exterior run latch on kennel 8 leash. | repaired |
| 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 |
| 4807 | Town of Fremont |
| 4801 | Town of Bethel |
| 4809 | Town of Liberty |
| 4813 | Town of Rockland |
| 3317 | Town of Wallkill |
| 5119 | Town of Wawarsing |
| 3321 | City of Middletown |
| 3313 | Town of Mount Hope |

REMARKS:

| REPRESENTATIVE PRESENT FOR INSPECTION: | Maureen Hogan | REVIEWED BY: |
| :--- | :--- | :--- |
| TITLE: $\quad$ Shelter manager |  | REVIEWED DATE: |

