

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**Purpose: **Complaint Inspection**DATE/TOA: **7/20/23 11:00 am**

**BROOKHAVEN ANIMAL SHELTER  
 300 HORSEBLOCK ROAD  
 BROOKHAVEN NY 11719**

Inspector #: **62**Inspector #: **076**


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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>  | No  |
| <i>Ceiling above kennels and all throughout shelter are rotted due to water damage, Visible water damage is present, ducts and wiring are exposed due to missing ceiling tiles, drains are clogged with water and debris</i> |     |
| <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>   | No  |
| <i>Drains are clogged with feces and other debris. There are several inches of standing water on top of the drains</i>   |     |
| <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>    |
|-----------------|--------------------|
| 4702            | Town of Brookhaven |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Catherine Antos**  
 TITLE: **assistant supervisor**

REVIEWED BY: **Inspector #: 67**  
 REVIEWED DATE: **07/21/2023**