

**New Jersey Department of Health
INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS**

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| Name of Facility Hamilton Township Animal Shelter and Adoption Center | | License No. 02 | Date of Inspection 1/15/19 |
| Address of Facility 2100 Sylvan Ave | | Time Began 10:00 AM | Time Completed 1:30 PM |
| County/ Municipality Mercer/ Hamilton Township | | Inspecting Organization New Jersey Department of Health | |
| Name of Inspecting Official(s) Linda Frese, Dr. Colin Campbell | | | Telephone Number 609-826-4872 |
| Type of Establishment <input type="checkbox"/> Kennel <input type="checkbox"/> Pet Shop | <input checked="" type="checkbox"/> Pound <input checked="" type="checkbox"/> Shelter | Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Routine | <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Reinspection |
| | | Result of Inspection <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Conditional A <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional B | |
| This inspection is based on N.J.A.C. 8:23A-1 "Animal Facility Operation" promulgated under the authority of N.J.S.A. 4:19-15.14. ("X" indicates a violation) | | | |
| N.J.A.C. 8:23A 1.2 - COMPLIANCE <input type="checkbox"/> b. Certificate of local inspection <input type="checkbox"/> d. Fire inspection <input type="checkbox"/> c. Plan review, if applicable 1.3 - FACILITIES (GENERAL) <input type="checkbox"/> a. General housing condition <input type="checkbox"/> b. Electric power/water test <input type="checkbox"/> c. Storage of food and/or bedding <input type="checkbox"/> d. Disposal of waste and/or carcasses <input type="checkbox"/> e. Facilities for caretaker's cleanliness <input type="checkbox"/> f. Premises (buildings and grounds) 1.4 - FACILITIES (INDOOR) <input type="checkbox"/> a. Indoor facilities/acclimation certificate not provided <input type="checkbox"/> b. Heating <input type="checkbox"/> c. Ventilation <input type="checkbox"/> d&e. Lighting <input checked="" type="checkbox"/> f. Interior surfaces not impervious to moisture <input type="checkbox"/> g. Drainage 1.5 - FACILITIES (OUTDOOR) <input type="checkbox"/> a,b,&c. Protection from weather elements <input type="checkbox"/> d. Drainage <input checked="" type="checkbox"/> e. Outdoor enclosure surfaces/disposal of run off 1.6 - PRIMARY ENCLOSURES <input checked="" type="checkbox"/> a. Primary enclosure requirements <input type="checkbox"/> b,g,&h. Enclosure size/litter receptacle/exercise <input type="checkbox"/> c. Segregation of animals <input type="checkbox"/> d. Disinfection between inhabitants <input type="checkbox"/> e. Isolating contagious animals <input type="checkbox"/> f. Flooring <input type="checkbox"/> i. Suspect rabid animal caging <input type="checkbox"/> j. Tethering in lieu of primary enclosures 1.7 - FEEDING AND WATERING <input type="checkbox"/> a&c. Feeding frequency <input type="checkbox"/> b. Food quality <input type="checkbox"/> d. Location of food receptacles <input type="checkbox"/> e,f,&g. Food receptacles <input type="checkbox"/> h. Potable water/water receptacles 1.8 - SANITATION <input type="checkbox"/> a. Removal of excreta/protection of animals during cleaning <input type="checkbox"/> b. Frequency of cleaning <input type="checkbox"/> c. Disinfection practices <input type="checkbox"/> d. Condition of buildings/grounds <input type="checkbox"/> e. Pest control | | N.J.A.C. 8:23A SECTIONS (CONTINUED) 1.9 - DISEASE CONTROL <input type="checkbox"/> a. Disease control and health care program established and maintained by a veterinarian: Dr. <u>Dr. Boden</u> <input type="checkbox"/> b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting <input type="checkbox"/> d. Observation of animals/treatment of injury or illness/ stress remediation <input type="checkbox"/> e,k,&l. Handling of rabies suspects <input type="checkbox"/> f. Isolation of animals with communicable disease <input type="checkbox"/> g,h,&i. Isolation rooms <input type="checkbox"/> m&n. Fact sheets/noncompliance of ordered quarantine 1.10 - HOLDING AND RECLAIMING ANIMALS <input type="checkbox"/> a. <input type="checkbox"/> 1. Seven day stray holding period <input type="checkbox"/> 1-4. Rabies holding period/rabies testing protocol <input type="checkbox"/> 5-6. Elective euthanasia <input type="checkbox"/> b. Facility Sign <input type="checkbox"/> b. <input type="checkbox"/> 1-5. Public access <input type="checkbox"/> 6-7. Notification of unlicensed dog/impoundment 1.11 - EUTHANASIA <input type="checkbox"/> a&b. Pre-euthanasia handling/sedation <input type="checkbox"/> c&d. Method of euthanasia <input type="checkbox"/> e. Persons administering euthanasia <input type="checkbox"/> f. Euthanasia protocol <input type="checkbox"/> g. Assessment of animals after euthanasia 1.12 - TRANSPORTATION <input type="checkbox"/> a&b. Vehicle requirements <input type="checkbox"/> c,e,&f. Primary enclosures <input type="checkbox"/> d. Animal segregation <input type="checkbox"/> g. Sanitation of enclosures <input type="checkbox"/> h. Emergency veterinary care <input type="checkbox"/> i. Temporary holding facilities 1.13 - RECORDS AND ADMINISTRATION <input type="checkbox"/> a,c,&d. Record keeping <input type="checkbox"/> b. Records not kept on premise <input type="checkbox"/> e. Change in facility status NJAC 8:23-1 THROUGH 3 <input type="checkbox"/> 1.1 Importation of dogs; certification requirements <input type="checkbox"/> 1.2 Reporting of known or suspect rabid animal <input type="checkbox"/> 1.3 Transportation of confined animals <input type="checkbox"/> 1.4 Quarantine, testing and transportation of pet birds <input type="checkbox"/> 1.5 Records of pet birds <input type="checkbox"/> 2.1 Sale of turtle eggs/live turtles <input type="checkbox"/> 3.1 Transportation of animals by ACOs | |
| NUMBER OF ANIMALS AT THE FACILITY (List species and numbers) | | | |
| Species | No. | Other Species | No. |
| <u>Dogs</u> | <u>27</u> | <u>Snake</u> | <u>1</u> |
| <u>Cats</u> | <u>11</u> | | |
| Signature of Owner, Operator or Representative | | Signature of Inspecting Official(s) Linda Frese / Dr. Colin Campbell | |