Name of Facility: P&T Puppy Love Adoption Center  
License No.:  
Date of Inspection: 4/5/17  
Address of Facility: 404 East Marlton Pike  
Time Began: 11:00 AM  
Time Completed: 3:40 PM  
County/ Municipality: Cherry Hill, NJ 08034  
Inspecting Organization: Camden County Health and NJDOH  
Telephone Number: 856-374-6026, 609-826-4827  
Name of Inspecting Official(s): James Perry, John Suppa, and Linda Frese  
Type of Establishment:  
Type of Inspection: Initial, Routine, Reinspection  
Result of Inspection: Satisfactory  

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  
□ b. Certificate of local inspection  
□ d. Fire inspection  
□ c. Plan review, if applicable  

1.3 - FACILITIES (GENERAL)  
☒ a. General housing condition  
☐ b. Electric power/water test  
☒ c. Storage of food and/or bedding  
☒ d. Disposal of waste and/or carcasses  
☒ e. Facilities for caretaker’s cleanliness  
□ f. Premises (buildings and grounds)  

1.4 - FACILITIES (INDOOR)  
☐ a. Indoor facilities/acclimation certificate not provided  
☐ b. Heating  
☐ c. Ventilation  
☐ d&e Lighting  
☐ f. Interior surfaces not impervious to moisture  
☐ g. Drainage  

1.5 - FACILITIES (OUTDOOR)  
☐ a.b.&c. Protection from weather elements  
☐ d. Drainage  
☐ e. Outdoor enclosure surfaces/disposal of run off  

1.6 - PRIMARY ENCLOSURES  
☒ a. Primary enclosure requirements  
☒ b,g,&h. Enclosure size/litter receptacle/exercise  
□ c. Segregation of animals  
☒ d. Disinfection between inhabitants  
☐ e. Isolating contagious animals  
☐ f. Flooring  
☐ i. Suspect rabid animal caging  
☐ j. Tethering in lieu of primary enclosures  

1.7 - FEEDING AND WATERING  
☐ a&c. Feeding frequency  
☐ b. Food quality  
☐ d. Location of food receptacles  
☒ e.&l&g. Food receptacles  
☐ h. Potable water/water receptacles  

1.8 - SANITATION  
□ a. Removal of excreta/protection of animals during cleaning  
□ b. Frequency of cleaning  
☒ c. Disinfection practices  
□ d. Condition of buildings/grounds  
□ e. Pest control  

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 SECTIONS (CONTINUED)  
1.9 - DISEASE CONTROL  
☒ a. Disease control and health care program established and maintained by a veterinarian:  
Dr. Driben  
☐ b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting  
☐ d. Observation of animals/treatment of injury or illness/stress remediation  
☐ e,k,&l. Handling of rabies suspects  
☐ f. Isolation of animals with communicable disease  
☐ g,h,&i. Isolation rooms  
☐ m&n. Fact sheets/noncompliance of ordered quarantine  

1.10 - HOLDING AND RECLAIMING ANIMALS  
☐ a. 1. Seven day stray holding period  
☐ 1-4. Rabies holding period/rabies testing protocol  
☐ 5-6. Elective euthanasia  
☐ b. Facility Sign  
☐ b. 1-5. Public access  
☐ 6-7. Notification of unlicensed dog/impoundment  

1.11 - EUTHANASIA  
□ a&b. Pre-euthanasia handling/sedation  
□ c&d. Method of euthanasia  
□ e. Persons administering euthanasia  
□ f. Euthanasia protocol  
□ g. Assessment of animals after euthanasia  

1.12 - TRANSPORTATION  
□ a&b. Vehicle requirements  
□ c,e,&f. Primary enclosures  
□ d. Animal segregation  
□ g. Sanitation of enclosures  
□ h. Emergency veterinary care  
□ i. Temporary holding facilities  

1.13 - RECORDS AND ADMINISTRATION  
☐ a.c.&d. Record keeping  
☐ b. Records not kept on premise  
☐ e. Change in facility status  

NJAC 8:23-1 THROUGH 3  
☒ 1.1 Importation of dogs; certification requirements  
☐ 1.2 Reporting of known or suspect rabid animal  
☐ 1.3 Transportation of confined animals  
☐ 1.4 Quarantine, testing and transportation of pet birds  
☐ 1.5 Records of pet birds  
☐ 2.1 Sale of turtle eggs/live turtles  
☐ 3.1 Transportation of animals by ACOs  

NUMBER OF ANIMALS AT THE FACILITY (List species and numbers)  

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<th>Species</th>
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Signature of Owner, Operator or Representative: Linda Frese  

Signature of Inspecting Official(s): Linda Frese  

VPH-1  
JUL 12  
Copies to: Local Health Department, NJDOH, Establishment and Inspecting Official