New Jersey Department of Health

INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS

Name of Facility
Hamilton Township Animal Shelter and Adoption Center

License No.
No # provided on license

Date of Inspection
7/16/18

Address of Facility
2100 Sylvan Ave

Time Began
10:15 AM

Time Completed
3:30 PM

County/ Municipality
Mercer/ Hamilton Township

Inspecting Organization
New Jersey Department of Health

Name of Inspecting Official(s)
Linda Frese, Dr. Colin Campbell

Type of Establishment

Kennel
Pound
Shelter

Type of Inspection

Initial
Routine
Complaint

Result of Inspection

Conditional A
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
☐ 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&f. 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

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. ____________
☐ 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)

<table>
<thead>
<tr>
<th>Species</th>
<th>No.</th>
<th>Other Species</th>
<th>No.</th>
<th>Other Species</th>
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<tbody>
<tr>
<td>Dogs</td>
<td>21</td>
<td>Cats</td>
<td>45</td>
<td>Snakes</td>
<td>2</td>
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<tr>
<td>Ferret</td>
<td>1</td>
<td>Guinea Pig</td>
<td>1</td>
<td>Turtle</td>
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Signature of Owner, Operator or Representative
Linda Frese / Dr. Colin Campbell

Signature of Inspecting Official(s)
Linda Frese / Dr. Colin Campbell

Copies to: Local Health Department, NJDOH, Establishment and Inspecting Official