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.
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
□ Kennel  □ Pound  □ Pet Shop  □ Shelter

Type of Inspection
□ Initial  □ Routine  □ Complaint  □ Reinspection

Result of Inspection
□ Satisfactory  □ Unsatisfactory

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

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. Boden
□ b,c,&j. Certificate of veterinary supervisor/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.&l. 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>
<th>No.</th>
</tr>
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<tbody>
<tr>
<td>Dogs</td>
<td>27</td>
<td>Other Species Snake</td>
<td>1</td>
<td>Other Species</td>
<td>No.</td>
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<tr>
<td>Cats</td>
<td>11</td>
<td></td>
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</tbody>
</table>

Signature of Owner, Operator or Representative
Linda Frese / Dr. Colin Campbell

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

VPH-1
JUL 12

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