

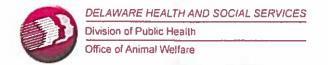
**Facility Name** 

Herman Holloway Campus – Carvel Building 1901 N. Du Pont Highway New Castle, DE 19720 Telephone: 302-255-4620; FAX: 302-255-4621 DHSS\_OAW@state.de.us

## **Delaware Office of Animal Welfare Animal Shelter Inspection Report**

Phone 302-856-6361 Fax		VCA		· ·	•
				Emai	
Date of Inspection: 9/30/15 Start	r 10:30	da.	m. 🗆 į	o.m. C	Completed: <u>/2·3</u> 0 a.m. o.p.m.
Name of Inspecting Official: Dr. Sto	1+2+u	5_/	Chri	stina	Motorpshi
	Inspectio	-	D Co	mplaint	#: <u>5-15-6</u>
	Unsatisf			Condi	
This inspection is based on 16 DE Admin. C			,		
This inspection is based on to be Admin. C	UCF SDO.	ı pic	muige	ited all	der the authority of 10 Del. C. 55000 F.
C = Compliant N	IC = Not (	Compl	iant	N/A	A= Not Applicable
AREA TO BE INSPECTED	REGS	С	NC	N/A	COMMENTS
Facilities – 11 Del. C. 51325	y li				
a. Proper Shelter					
b. Food and Water		V			
c. Sanitary Conditions	_	~			
Shelter Care and Treatment - 16 Dei. C. §3002	F				
a. Disease control and health-care program					
by a veterinarian: Dr. Rao Wooter	<b>\$</b>		L		suggest review + update.
b. Written veterinary protocols	8.1	1			3
c. Vaccinations	8.2-3			1	intake time is not clear Canno
d. Examination within 72 hours	8.4				assess for compliance
e. Veterinary care/medical treatment					
provided			~		treatment not provided in timely fish
f. Designated treatment and isolation and/or		1			
quarantine areas Animal Adoption, Recovery, and Rehabilitation		1	20025		
a. Business hours			30037		
b. 72 hour stray holding period	9.2	V			
c. Animal recovery procedures		~		ļ	to a softent of
Checking for identification on strays		<b>!</b>			
Lost/found lists; post on website	9.1	1		=	
Five-day recovery period implemented	9.1	1 -			
d. Maintains and utilizes rescue registry		<b> </b>		-	
e. Health certifications on imported animals		V	<u> </u>		
Euthanasia in Animal Shelters – 16 Del. C. \$306	ME	<u> </u>		<b>_</b>	
a. Five-day hold period	MF				
b. Conditions met-no reasonable alternatives			_	1	
		-		1	all cases medical, approved by vet
c. Animal care/control manager authorization d. Severe health/behavior				/	
		<del> </del>	<u> </u>	₩	
Veterinarian determination	1	1	1	1	

e. Euthanasia technician certification on file	6.3	<del></del>		4		
f. Method and procedures	0.5	╀┈┤				
Euthanasia area and equipment	10.2					
Current policy and procedure manual		IV I				
Persons administering euthanasia	10.1		V	no ma	nual pursuant 1	10.2.2
4. Proper authorization	11.7					
5. Method and procedure	11.7	1				
6. Verification of death						
	13.0	1				
Record Keeping and Reporting – 16 Del.C. 5						
1. Animal statistics	14.1-2	Щ,				
Quarterly report on website						
2. Annual Report		V				,
o. Animal records complete	14.3		V	lno m	edical oxam note	s no intake
1) Veterinary protocols are 1 updated to reflect co 2) intake time is not so We cannot determine 3) In one case of sam provided in timely to 1) No written cuth poli	ple ce	une une	comple of	vaccin	manual real real real real real real real re	onds. n. to be
ORRECTIVE ACTIONS/COMPLIANCE DI	ag t			cal car	e of caselor	nd
2) Note intoke time	in a	COC	ds			
D Include Vet potes	i'n	0	nimal	(prov-		
D Update euthanasia p Will reinspect in not less NUMBER OF ANIMALS AT THE FACE	Han	30	om urd days	o Man		room. corrective actions
Species No. Other Species	No.	Oth	er Species	No.	Other Species	No.
Dogs 13						
Cats 31						<u>                                     </u>
Signature of Owner, Operator or Represen Would 101-5131	tative	Sign	Hure of In	pecting Off	icial(s)	True
eviewed with copies: Original to glipy Jean Jany 2210 Ryan Griff. Yh		opy to I	Delaware O	ffice of Anima	al Welfare.	
NATION OF THE PROPERTY OF THE					\ /	



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DHSS\_OAW@state.de.us

## **Delaware Office of Animal Welfare Animal Shelter Inspection Report**

racinty Name PENTISSE SPOR					
Street Address 22918 Dupart	BIVd	6	RIV	go fu	m DE 19947
Phone 352 856 6361 Fax				_Email	
Name of Inspection: Delta Start Name of Inspecting Official: Revision: Re-I Inspection Results: Satisfactory This inspection is based on 16 DE Admin. Co	:: / 50 Short nspection Unsatisfied ode 450	a. on actory	m. <b>K</b> r Col	o.m. Complaint Condited und	#:tional der the authority of 16 Del. C. §3008 F.
C = Compliant N  AREA TO BE INSPECTED	C = Not C	ompii	NC NC	N/A	= Not Applicable  COMMENTS
	KEGS		140	14/7	COMMENTS
Facilities – 11 Del. C. §1325					
a. Proper Shelter				/	
b. Food and Water					
c. Sanitary Conditions  Shelter Care and Treatment – 16 Del. C. §3002					
	F		1		
a. Disease control and health care program by a veterinarian: Dr. Kolwstels					0 , 5 /5 0 , 4 4
b. Written veterinary protocols	8.1			/	Protect /sop updated
c. Vaccinations	8.2-3				
d. Examination within 72 hours	8.4	1			
e. Veterinary care/medical treatment	0.4				
provided		/			
f. Designated treatment and isolation and/or		1			
quarantine areas				1	
Animal Adoption, Recovery, and Rehabilitation		el. C. 5	3003F		
a. Business hours	9.2			_	
b. 72 hour stray holding period				-	
c. Animal recovery procedures				/	
Checking for identification on strays					
Lost/found lists; post on website	9.1			_/_	
Five-day recovery period implemented				1	
d. Maintains and utilizes rescue registry	<u> </u>			/	
e. Health certifications on imported animals					
Euthanasia in Animal Shelters - 16 Del. C. §300	14F				
a. Five-day hold period					
b. Conditions met-no reasonable alternatives				/	
c. Animal care/control manager authorization				V	11 .
d. Severe health/behavior					
Veterinarian determination				1	

e. Euthanasia technician certification on file	6.3			
f. Method and procedures				
Euthanasia area and equipment	10.2		/	
<ol><li>Current policy and procedure manual</li></ol>				upt ted hand
<ol><li>Persons administering euthanasia</li></ol>	10.1			
4. Proper authorization	11.7	Dell'	~	
Method and procedure	11.0		V	87" (1880)
6. Verification of death	13.0			
Record Keeping and Reporting - 16 Del.C. §30	07F	W2 11	7 000	
a. Animal statistics	14.1-2			
Quarterly report on website	_4_		/	
2. Annual Report	10-25/5	100		
b. Animal records complete	14.3		3-	= 12- 111 = 111120 - 1
	-	<del></del>		

ADDITIONAL OBSERVATIONS/EXPLANATION:	
Dimproved medical pates for fate to win illness.  Plas imported compliance for vaccines and exerting intake to	
	15 4 ACE 2001 - 100
	9%
1 7 AMA	
CORRECTIVE ACTIONS/COMPLIANCE DATE:	
	· · · · · · · · · · · · · · · · · · ·
	0=

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

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.		
Dogs	1				orași.	DC 00000110001 = 1	I HIN		
Cats									
Signature of Owner, Operator or Representative				Signature of Inspecting Official(s)					

Copies: Original to Shelter. Copy to Delayare Office of Animal Welfare.