



Delaware Office of Animal Welfare Animal Shelter Inspection Report

Facility Name Delaware Humane Association-Rehoboth

Street Address 18675 Coastal Highway , Rehoboth Beach, DE 19971

Phone 302-200-7159 **Email** [Click or tap here to enter text.](#)

Date of Inspection: 4/27/2021 **Time:** 1:00 a.m. p.m.
Name of Inspecting Official: Dr Natalie Titus, Joanna Miller, LVT
Person Interviewed: Meg Searcy **Title:** Operations Manager
Type of Inspection: Routine **Complaint # (if applicable):** [Click here to enter text.](#)
Inspection Results: Approved

This inspection is based on 16 DE Admin. Code 4501 promulgated under the authority of 16 Del. C. §3008 F.

| AREA TO BE INSPECTED | REGULATIONS | C | NC | N/A |
|--|-------------|-------------------------------------|--------------------------|-------------------------------------|
| Shelter Care and Treatment – 16 Del. C. §3002 F | | | | |
| a. Disease control and health care program by a veterinarian: Dr Greene | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Written veterinary protocols | 8.1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Vaccinations | 8.2-3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Examination within 72 hours | 8.4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Veterinary care/medical treatment provided | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Designated treatment and isolation and/or quarantine areas | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Animal Adoption, Recovery, and Rehabilitation – 16 Del. C. §3003F | | | | |
| a. Business hours | 9.2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 72 hour stray holding period | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Animal recovery procedures | | | | |
| 1. Checking for identification on strays | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Lost/found lists; post on website | 9.1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Five-day recovery period implemented | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Maintains and utilizes rescue registry | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Health certifications on imported animals | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Euthanasia in Animal Shelters – 16 Del. C. §3004F | | | | |
| a. Five-day hold period | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Conditions met-no reasonable alternatives | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Animal care/control manager authorization | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Severe health/behavior | | | | |

