New Jersey Department of Health and Senior Services
INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS

Name of Facility	License No.	Date of Inspection
PERTH AMBOY ANIMAL SHELTER		4/22/2022
Address of Facility	**Time Began**	**Time Completed**
599 FAYETTE STREET		
County/ Municipality	**Inspecting Organization**	
PERTH AMBOY / MIDDLESEX	MIDDLESEX COUNTY HEALTH	
Name of Inspecting Official(s)	**Telephone Number**	
LEE LLOYD NICK DESTEFANO	732 324 3877	

Type of Establishment: ☐ Kennel ☐ Pet Shop ☐ Pound ☒ Shelter

Type of Inspection: ☒ Initial ☐ Routine ☐ Complaint ☐ Reinspection

Result of Inspection: ☐ Satisfactory ☒ Conditional A ☒ Unsatisfactory ☒ 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,&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. JOSEPH CHIOSI
- ☐ 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 not done @ shelter
- ☐ 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)*

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	4	roosters	2				
Cats	9	guinea pigs	2				

Signature of Owner, Operator or Representative	Signature of Inspecting Official(s)
X	

VPH-1
DEC 07

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

MIDDLESEX COUNTY · NJ

DETAIL DATA SHEET

MUNICIPALITY:	PERTH AMBOY	ESTABLISHMENT NAME:	PERTH AMBOY ANIMAL
DATE:	4/22/2022	ADDRESS:	599 FAYETTE ST.

NEW JERSEY ADMINISTRATIVE CODE > TITLE 8 > CHAPTER:

8:23A Kennels, Shelters, Pet ☒	8:24 Retail Food ☐	8:25 Youth Camp ☐	8:26 Recreational Bathing ☐
8:27 Body Art ☐	8:28 Tanning ☐	8:57 Comm. Disease ☐	Other: _____ ☐

ITEM	CODE	Remarks (Please Specify Area)
1.3		window in restroom broken* needs replacing- creates potential entrance for pests
	6D	fire inspection completed March 2022
n/c		vet of record - Dr. Chris Squirebrook Vet Hospital
n/c		No medications being administered at this time - records observable
	6D	runs in good conditions - no pest activity observed
	6D	cleaning - soap & water followed by bleach 1:32
1.8e)		facility is not suited to hold non-domesticated avian species
1.3f)		resting doors & frames need to be filled & covered with kick plates - repeat must be done
1.9		2 roosters in back where canine isolation is located* roosters must be removed asap*
	6D	cage cards observed
	6D	cat kennels disinfecting wipes followed by soap & water & bleach @ 1:32 ratio
	6D	building exterior survey - no pest activity observed
1.8g)		drain in front cat room is clogged. some water observed in drain
1.8e)		observed flies in shelter broken window & restroom open to elements replace

OWNER/REPRESENTATIVE: _____ TITLE: Animal Control Officer

SIGNATURE: _____

MIDDLESEX
COUNTY • NJ

DETAIL DATA SHEET

MUNICIPALITY:	Perth Amboy	ESTABLISHMENT NAME:	Perth Amboy Shelter
DATE:		ADDRESS:	#?? Fayette St

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ITEM	CODE	Remarks (Please Specify Area)
	(1).	handsinks stocked - additional handsink
		is still recommended for isolation room
	(12).	S+M exterminators
	(8).	feeding + watering adequate
		conditionally satisfactory

OWNER/REPRESENTATIVE: [signature] TITLE: Animal Control Officer

SIGNATURE: [signature]

New Jersey Department of Health and Senior Services
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Name of Facility	License No.	Date of Inspection
PERTH AMBOY ANIMAL SHELTER		12/9/22
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597 FAYETTE		
County/ Municipality	**Inspecting Organization**	
MIDDLESEX COUNTY	MIDDLESEX COUNTY HEALTH	
Name of Inspecting Official(s)		**Telephone Number**
NICK DESTEFANO / LEE LLOYD		732 745 3100

Type of Establishment	Type of Inspection	Result of Inspection
☐ Kennel ☐ Pound	☑ Initial ☐ Complaint	☐ Satisfactory ☐ Unsatisfactory
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NUMBER OF ANIMALS AT THE FACILITY *(List species and numbers)*

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Dogs	10						
Cats	12						

Signature of Owner, Operator or Representative	Signature of Inspecting Official(s)

VPH-1
DEC 07

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

DETAIL DATA SHEET

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ITEM	CODE	Remarks (Please Specify Area)
	1.4	SOME AREAS REQUIRE PAINT - DOORS, FRAMES, ETC
	1.4	RUSTING/CORRODED DOORS NEED SEALING/KICK PLATES
	1.4	SOME FLOORS NEED EPOXY WHERE WORN DOWN
	1.6	SOME GUILLOTINE DOORS ARE CHEWED
	1.8	SOME FLIES OBSERVED IN SHELTER
	*	13 DOGS - 22 CATS - ISOLATION/INTAKE PROVIDED
	*	ISOLATION ROOM SHOULD HAVE ITS OWN SINK
	*	MEDICATION RECORDS PROVIDED
	*	3 COMPARTMENT SINK - STOPPERS PROVIDED
		BLEACH PROVIDED TO SANITIZE
	*	LAUNDRY OPERATING FOR LINENS
	*	FIRE INSPECTION UP TO DATE - 2022
	*	VPH-20 - VET OF RECORD FORM POSTED
	*	CLEANING IN PROCESS DURING INSPECTION
	*	SOME CAGE CAGE DOORS NEED REPLACING
	*	RECORDS PROVIDED - UP TO DATE
	*	SOME DOORS REPLACED - OK
	*	NEXT INSPECTION - MARCH 2023
	*	RATING: SATISFACTORY
		ABOVE MENTIONED TO BE CHECKED

OWNER/REPRESENTATIVE: SIGNATURE: