

**New Jersey Department of Health
INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS**

Name of Facility Camp Bow Wow		License No.	Date of Inspection 6/7/2022
Address of Facility 10W Chimneylock Road		Time Began 10:50 AM	Time Completed 11:30 AM
County/ Municipality Somerset County, Bridgewater		Inspecting Organization Bridgewater Twp Health Division	
Name of Inspecting Official(s) Patricia Timko-Parker			Telephone Number 908 725 6300 ext 5205
Type of Establishment <input checked="" type="checkbox"/> Kennel <input type="checkbox"/> Pet Shop	<input type="checkbox"/> Pound <input type="checkbox"/> Shelter	Type of Inspection <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Routine	Result of Inspection <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Conditional A <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> 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. **Somerset Vet. or Animerge**
 - 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 **online system**
 - 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.
Dogs	MAX 190 DOGS		6/7/22 - 100 dogs onsite		
Cats	1825	1 counselor	25 dogs		

Signature of Owner, Operator or Representative [Signature]	Signature of Inspecting Official(s) Patricia Timko-Parker 61934
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BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION					
OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>CAMP Bow Wow</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>10 W Chimney Rock Rd</i>		<i>Somerset</i>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<i>Bridgewater</i>	<i>08807</i>	
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
INSPECTION					
TYPE OF ESTABLISHMENT <input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER <i>Kennel</i>		ESTABLISHMENT CODE GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than Initial Inspection)</i>	
				TIME - (2400 HOURS)	
				DATE	BEGIN
				<i>6/7/2022</i>	
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND TELEPHONE NUMBER Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750			INSPECTOR'S NAME AND TITLE <i>Patricia Trinka Parker</i>		
			INSPECTOR'S SIGNATURE <i>Patricia Trinka Parker</i>		
HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B1934</i>		

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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)
CAMP BOW WOW

Date
6/7/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Complaint regarding loss of dog's toenail. Mia - Golden Retriever - lost toenail. Watched video of dog in Bengi's Ballroom. Was inside and then ran outside. Came inside and was favoring front left paw. PIC vented toenail when missing. PIC placed dog in kennel & called owner came to pick up. 20 minutes later.
	Visual inspection of Bengi's Ballroom showed no physical hazardous obstructions.
	Complaint closed.
	Note: Annual inspection, Satisfactory.
	NO violations at the time of inspection.
Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc. if required