

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

Name of Facility Starcrest Kennels		License No.	Date of Inspection 1/3/22
Address of Facility 19 4th Street		Time Began 3:00	Time Completed 3:30
County/ Municipality Somerset / WARREN		Inspecting Organization WARREN Twp Health Dept	
Name of Inspecting Official(s) Donna Ostman			Telephone Number
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 type="checkbox"/> Initial <input checked="" 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 **2/5/21**

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 **- REPAIR/REPAIR DONE**

c. Ventilation **- BROKEN WINDOW IN OFFICE**

d&e. Lighting

f. Interior surfaces not impervious to moisture

g. Drainage **- SOME PAINTING**

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 **septic**

b. Frequency of cleaning **2x day**

c. Disinfection practices **Chlorox spray or H2O**

d. Condition of buildings/grounds

e. Pest control **GREEN EX**

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. **Stouff's office 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

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 **NA**

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 **NA**

1.2 Reporting of known or suspect rabid animal **OK**

1.3 Transportation of confined animals **NA**

1.4 Quarantine, testing and transportation of pet birds **NA**

1.5 Records of pet birds **NA**

2.1 Sale of turtle eggs/live turtles **NA**

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							
Cats							

Signature of Owner, Operator or Representative
[Signature]

Signature of Inspecting Official(s)
[Signature]