

DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health Office of Animal Welfare 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

Facility Name: Brandywine Valley SPCA- Pet Smart Rehoboth

Street Address 19563 Coastal Hwy #5, Rehoboth Beach, DE 19971

Phone Click or tap here to enter text. Email Click or tap here to enter text.

 Date of Inspection: 4/27/2021 Time: 12:00□ a.m. ⊠p.m.

 Name of Inspecting Official: Dr Natalie Titus, and Joanna Miller, LVT

 Person Interviewed: Jen Conklin Title: Cat Specialist

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

| 1. Veterinarian determination | | | | \boxtimes | | |
|---|--------|-------------|--|-------------|--|--|
| e. Euthanasia technician certification on file | 6.3 | | | \boxtimes | | |
| f. Method and procedures | | | | | | |
| 1. Euthanasia area and equipment | 10.2 | | | \boxtimes | | |
| 2. Current policy and procedure manual | | | | \boxtimes | | |
| 3. Persons administering euthanasia | 10.1 | | | \boxtimes | | |
| 4. Proper authorization | 11.7 | | | \boxtimes | | |
| 5. Method and procedure | 11.0 | | | \boxtimes | | |
| 6. Verification of death | 13.0 | | | \boxtimes | | |
| Record Keeping and Reporting – 16 Del.C. §3007F | | | | | | |
| a. Animal statistics | 14.1-2 | | | | | |
| 1. Quarterly report on website | | | | \boxtimes | | |
| 2. Annual Report | | | | \boxtimes | | |
| b. Animal records complete | 14.3 | \boxtimes | | | | |

| REMARKS/CORRECTIVE ACTIONS | | | | | |
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NUMBER OF ANIMALS AT THE FACILITY (List species and numbers.)

| Species | No. | Other Species | No. | Other Species | No. | Other Species | No. |
|---------|-----|---------------|-----|---------------|-----|---------------|-----|
| Dogs | 0 | | | | | | |
| Cats | 6 | | | | | | |

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