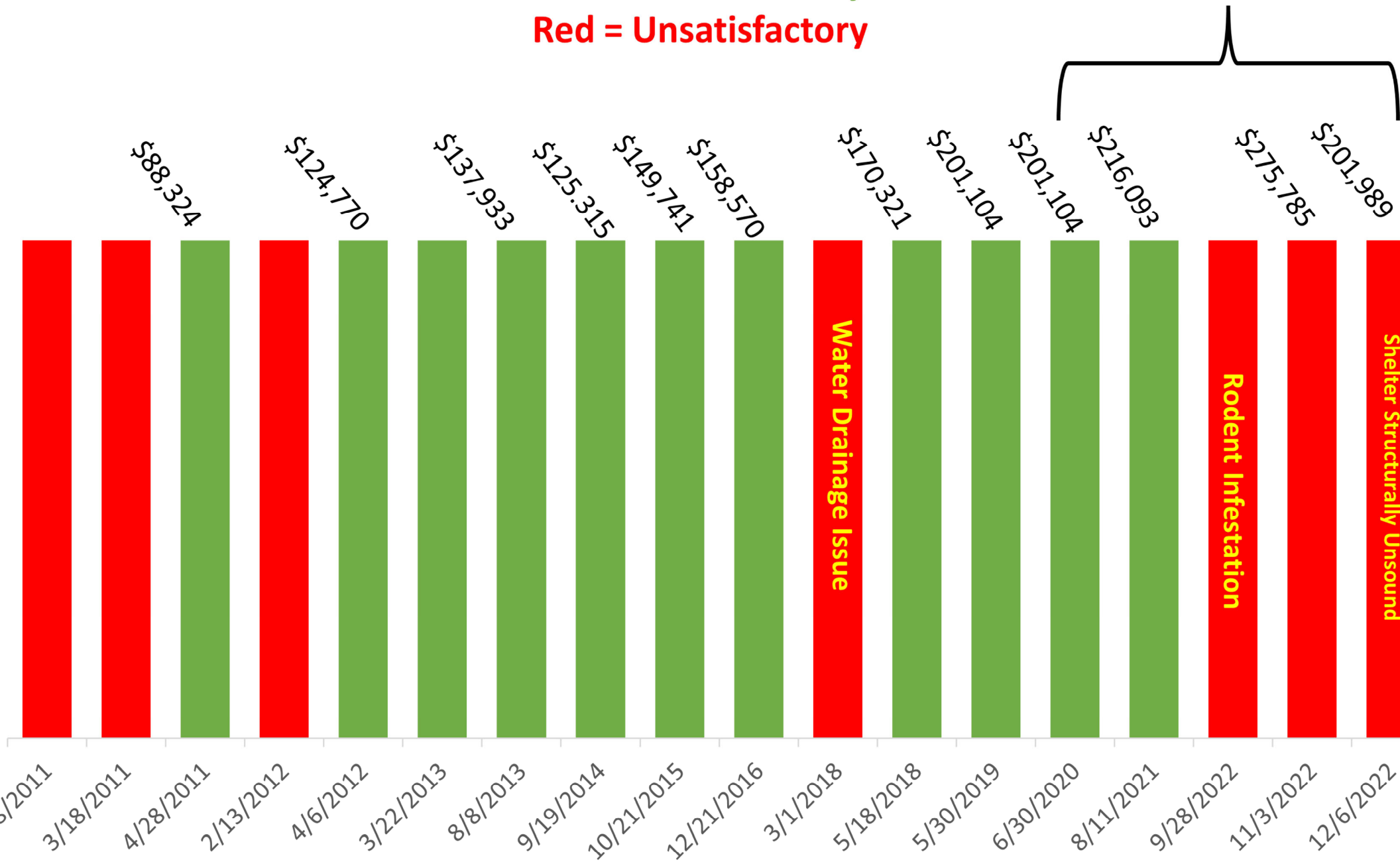


# Mount Vernon Animal Shelter NYS Inspection Report Results

**Green = Satisfactory**  
**Red = Unsatisfactory**

**Patterson-Howard  
Administration**



**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Unsatisfactory30**Purpose: **Complaint Inspection**DATE/TOA: **1/28/11 11:15 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Eloise Herrman**Inspector #: **18**Inspector: **Janet Collier**Inspector #: **65**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

**A. Standards of Care**

- |   |                |
|---|----------------|
| <b>1. Shelter is structurally sound</b>   | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b>   | Yes            |
| <i>Indoor areas of runs cleaned daily, outdoor runs cleaned daily usually, but on occasion (snow, and only one employee) they are cleaned every other day. Dogs have access to indoor areas at all times.</i> |                |
| <b>3. Repairs are done when necessary</b>   | Yes            |
| <b>4. Dogs are handled safely</b>   | Yes            |
| <b>5. Adequate space is available for all dogs</b>  | Yes            |
| <b>6. Light is sufficient for observation</b>   | Yes            |
| <b>7. Ventilation is adequate</b>   | Yes            |
| <b>8. Drainage is adequate</b>  | Yes            |
| <b>9. Temperature extremes are avoided</b>  | Yes            |
| <i>Dogs have access to indoor/outdoor areas.</i>  |                |
| <b>10. Clean food and water is available and in ample amount</b>  | Yes            |
| <i>Water was clean in all runs.</i>   |                |
| <b>11. Veterinary care is provided when necessary</b>   | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>  | Yes            |
| <i>Dr. Ciao takes care of euthanasia, but needs to sign every record.</i>   |                |
| <b>13. Outdoor shelter complies with Article 26</b>   | Not Applicable |

**B. Records**

- |   |                |
|---|----------------|
| <b>1. Complete intake and disposition records are maintained for all seized dogs</b>  | No             |
| <i>Paper work is not fully filled out and too many sources of information are available. It is requested that all information is put on one paper like a DL18 or similar. The paperwork needs a traceable numbering system that coincides with the kennel the dog is kept in. A protocol is needed so that the records are easily followed and both employees can finish and file them.</i> |                |
| <b>2. Dogs transferred for purposes of adoption go to approved facilities only</b>  | Not Applicable |
| <b>3. Holding period is observed before adoption or euthanasia</b>  | Yes            |
| <i>Went over the correct counting of the days, a protocol needs to be in place for owner turn in dogs so it is easily recognized.</i>   |                |
| <b>4. Redeemed dogs are licensed before release</b>   | Yes            |
| <b>5. Impound fees paid before dogs are released</b>  | Yes            |
| <b>6. Impound fees in addition to state mandated fees are set by local law or ordinance</b>   | Yes            |
| <b>7. Written contract or lease with municipality</b>   | Not Applicable |

---

Town - City - Village Information for Inspection:

---

**TCV CODE    TCV NAME**

---

5517            City of Mount Vernon

## REMARKS:

Shelter has 2 full time employees; one employee had left two weeks ago. Ms. Webster has put her emphasis on the care of the animals, where it belongs. There are too many animals for two employees, to feed, clean, seize dogs, answer phones, keep up on paper work, and maintain the cleaning of the shelter, and van. The added chore of snow removal has greatly hindered their efforts. Ms. Webster needs to have a new DCO/Shelter Manual, Article 7, Article 26, and updated Dangerous Dog forms all which can be downloaded and printed from the NYS Dept. of Agriculture and Markets web site. [www.agmkt.state.ny.us](http://www.agmkt.state.ny.us)

There is a web site that can be utilized to ask for items needed. [www.freecycle.com](http://www.freecycle.com)

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**

REVIEWED BY: **James Gray**

TITLE: **Manager/ACO**

REVIEWED DATE: **02/01/2011**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Unsatisfactory30-2nd** Purpose: **Inspection**DATE/TOA: **3/18/11 11:15 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**

These are the findings of an inspection of your facility on the date(s) indicated above:

**A. Standards of Care**

- |  |     |
|--|-----|
| <b>1. Shelter is structurally sound</b>                          | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>      | Yes |
| <b>3. Repairs are done when necessary</b>                        | Yes |
| <b>4. Dogs are handled safely</b>                                | Yes |
| <b>5. Adequate space is available for all dogs</b>               | Yes |
| <b>6. Light is sufficient for observation</b>                    | Yes |
| <b>7. Ventilation is adequate</b>                                | Yes |
| <b>8. Drainage is adequate</b>                                   | Yes |
| <b>9. Temperature extremes are avoided</b>                       | Yes |
| <b>10. Clean food and water is available and in ample amount</b> | Yes |
| <b>11. Veterinary care is provided when necessary</b>            | Yes |
| <i>Dr. Robert Jiao at 914.668.0031.</i>                          |     |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b> | Yes |
| <i>Dr. Jiao must sign DL-18s when they are euthanized.</i>       |     |
| <b>13. Outdoor shelter complies with Article 26</b>              | Yes |

**B. Records**

- |  |     |
|--|-----|
| <b>1. Complete intake and disposition records are maintained for all seized dogs</b>   | No  |
| <i>Current DL-18's do not have any dispositions to demonstrate record keeping. All the dogs have individual folders with a DL-18. These folders should include the location of the dog with the run number. All DL-18's that are archived are not filled out and do not have dispositions.</i> |     |
| <b>2. Dogs transferred for purposes of adoption go to approved facilities only</b>   | Yes |
| <b>3. Holding period is observed before adoption or euthanasia</b>   | No  |
| <i>No paperwork to demonstrate this.</i>   |     |
| <b>4. Redeemed dogs are licensed before release</b>  | No  |
| <i>No paperwork to demonstrate this.</i>   |     |
| <b>5. Impound fees paid before dogs are released</b>   | No  |
| <i>No paperwork to demonstrate this.</i>   |     |
| <b>6. Impound fees in addition to state mandated fees are set by local law or ordinance</b>  | Yes |
| <b>7. Written contract or lease with municipality</b>  | Yes |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

REMARKS:

**The dogs that are in runs or crates on display in the front, exposed to the public, must be vaccinated for rabies. Dr. Jiao must sign each individual rabies certificates for them to be valid.**

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Assistant Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **03/25/2011**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory182**Purpose: **Inspection**DATE/TOA: **4/28/11 11:15 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**Inspector: **Eloise Herrman**Inspector #: **18**


---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

**A. Standards of Care**

- |  |     |
|--|-----|
| <b>1. Shelter is structurally sound</b>                          | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>      | Yes |
| <b>3. Repairs are done when necessary</b>                        | Yes |
| <b>4. Dogs are handled safely</b>                                | Yes |
| <b>5. Adequate space is available for all dogs</b>               | Yes |
| <b>6. Light is sufficient for observation</b>                    | Yes |
| <b>7. Ventilation is adequate</b>                                | Yes |
| <b>8. Drainage is adequate</b>                                   | Yes |
| <b>9. Temperature extremes are avoided</b>                       | Yes |
| <b>10. Clean food and water is available and in ample amount</b> | Yes |
| <b>11. Veterinary care is provided when necessary</b>            | Yes |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b> | Yes |
| <b>13. Outdoor shelter complies with Article 26</b>              | Yes |

**B. Records**

- |   |     |
|---|-----|
| <b>1. Complete intake and disposition records are maintained for all seized dogs</b>        | Yes |
| <i>All paperwork has been corrected.</i>  |     |
| <b>2. Dogs transferred for purposes of adoption go to approved facilities only</b>          | Yes |
| <b>3. Holding period is observed before adoption or euthanasia</b>                          | Yes |
| <b>4. Redeemed dogs are licensed before release</b>   | Yes |
| <i>All dogs must be licensed in the municipality in which it resides.</i>                   |     |
| <b>5. Impound fees paid before dogs are released</b>  | Yes |
| <b>6. Impound fees in addition to state mandated fees are set by local law or ordinance</b> | Yes |
| <b>7. Written contract or lease with municipality</b>                                       | Yes |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

## REMARKS:

**Dr. Jiao must sign or use an official signature stamp for rabies vaccinations and on recording euthanasias on DL18's.**

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Assistant Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **05/10/2011**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **2/13/12 12:00 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**Inspector: **Eloise Herrman**Inspector #: **18**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |  |                |
|--|----------------|
| <b>1. Shelter is structurally sound</b>  | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b><br><i>Well cleaned!</i>  | Yes            |
| <b>3. Repairs are done when necessary</b>  | Yes            |
| <b>4. Dogs are handled safely</b>  | Yes            |
| <b>5. Adequate space is available for all dogs</b>   | Yes            |
| <b>6. Light is sufficient for observation</b>  | Yes            |
| <b>7. Ventilation is adequate</b>  | Yes            |
| <b>8. Drainage is adequate</b>   | Yes            |
| <b>9. Temperature extremes are avoided</b>   | Yes            |
| <b>10. Clean food and water is available and in ample amount</b>   | Yes            |
| <b>11. Veterinary care is provided when necessary</b>  | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>   | Yes            |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b><br><i>A protocol needs to be established to maintain proper paperwork.</i>                         | No             |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>  | Yes            |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b><br><i>All seized dogs that are euthanized must include the date and full signature of veterinarian.</i> | No             |
| <b>16. Owners of identified dogs are properly notified</b>   | Yes            |
| <b>17. Redeemed dogs are licensed before release</b><br><i>All seized dogs that are returned to the owner must be licensed and a proper impound fee must be charged.</i>                 | No             |
| <b>18. Proper impoundment fees paid before dogs are released</b><br><i>All seized dogs returned to owner must be charged a proper impound fee established by the municipality.</i>       | No             |
| <b>19. Written contract or lease with municipality</b>   | Not Applicable |



---

Town - City - Village Information for Inspection:

---

**TCV CODE    TCV NAME**

5517            City of Mount Vernon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Shawn Carroll**  
TITLE: **DCO**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **02/17/2012**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **4/6/12 11:00 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |  |                |
|--|----------------|
| <b>1. Shelter is structurally sound</b>  | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b>  | Yes            |
| <i>Well Cleaned</i>  |                |
| <b>3. Repairs are done when necessary</b>  | Yes            |
| <b>4. Dogs are handled safely</b>  | Yes            |
| <b>5. Adequate space is available for all dogs</b>   | Yes            |
| <b>6. Light is sufficient for observation</b>  | Yes            |
| <b>7. Ventilation is adequate</b>  | Yes            |
| <b>8. Drainage is adequate</b>   | Yes            |
| <b>9. Temperature extremes are avoided</b>   | Yes            |
| <b>10. Clean food and water is available and in ample amount</b>   | Yes            |
| <i>Science Diet</i>  |                |
| <b>11. Veterinary care is provided when necessary</b>  | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>   | Yes            |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>  | Yes            |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>  | Yes            |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>   | Yes            |
| <i>Continue to maintain proper paperwork in an organized matter. There were 236 dogs handled in 2011 which would include seizures and dogs that are rendered by their owner.</i> |                |
| <b>16. Owners of identified dogs are properly notified</b>   | Yes            |
| <b>17. Redeemed dogs are licensed before release</b>   | Yes            |
| <b>18. Proper impoundment fees paid before dogs are released</b>   | Yes            |
| <b>19. Written contract or lease with municipality</b>   | Not Applicable |

---

Town - City - Village Information for Inspection:

---

**TCV CODE**   **TCV NAME**

5517      City of Mount Vernon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Assistant Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **04/10/2012**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory91**Purpose: **Inspection**DATE/TOA: **3/22/13 12:00 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |  |                |
|--|----------------|
| <b>1. Shelter is structurally sound</b>  | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b>  | Yes            |
| <i>Shelter is well cleaned.</i>  |                |
| <b>3. Repairs are done when necessary</b>  | Yes            |
| <i>The left lower side of the runs are having the drains repaired today.</i>   |                |
| <b>4. Dogs are handled safely</b>  | Yes            |
| <b>5. Adequate space is available for all dogs</b>   | Yes            |
| <b>6. Light is sufficient for observation</b>  | Yes            |
| <b>7. Ventilation is adequate</b>  | Yes            |
| <b>8. Drainage is adequate</b>   | Yes            |
| <b>9. Temperature extremes are avoided</b>   | Yes            |
| <b>10. Clean food and water is available and in ample amount</b>   | Yes            |
| <b>11. Veterinary care is provided when necessary</b>  | Yes            |
| <i>Dr. Jiao and Dr. Jennifer Panella</i>   |                |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>   | Yes            |
| <i>Dr. Jiao and Dr. Jennifer Panella</i>   |                |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>  | Yes            |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>  | Yes            |
| <i>Pet Rescue and Cat Assistance</i>   |                |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>   | Yes            |
| <b>16. Owners of identified dogs are properly notified</b>   | Yes            |
| <b>17. Redeemed dogs are licensed before release</b>   | No             |
| <i>Continue to obtain licenses on all seized dogs that are redeemed from the owner even if they do not live in Mount Vernon. The license must be within the municipality in which the dog resides.</i> |                |
| <b>18. Proper impoundment fees paid before dogs are released</b>   | Yes            |
| <b>19. Written contract or lease with municipality</b>   | Not Applicable |

---

Town - City - Village Information for Inspection:

---

**TCV CODE**   **TCV NAME**

---

5517      City of Mount Vernon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Assistant Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **03/25/2013**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **8/8/13 2:30 pm**

**MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**

Inspector: **Kim Volpe**

Inspector #: **61**

---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

- 1. Shelter is structurally sound Yes
- 2. Housing area and equipment is sanitized regularly Yes
- 3. Repairs are done when necessary Yes
- 4. Dogs are handled safely Yes
- 5. Adequate space is available for all dogs Yes
- 6. Light is sufficient for observation Yes
- 7. Ventilation is adequate Yes
- 8. Drainage is adequate Yes
- 9. Temperature extremes are avoided Yes
- 10. Clean food and water is available and in ample amount Yes
- 11. Veterinary care is provided when necessary Yes
- Dr. Jiao*
- 12. Dogs are euthanized humanely, by authorized personnel Yes
- Dr. Jiao*
- 13. Complete intake and disposition records are maintained for all seized dogs Yes
- 14. Dogs transferred for purposes of adoption in compliance with Article 7 Yes
- 15. Redemption period is observed before adoption, euthanasia or transfer Yes
- 16. Owners of identified dogs are properly notified Yes
- 17. Redeemed dogs are licensed before release Yes
- 18. Proper impoundment fees paid before dogs are released Yes
- 19. Written contract or lease with municipality Not Applicable

---

Town - City - Village Information for Inspection:

---

**TCV CODE    TCV NAME**

5517            City of Mount Vernon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **ACO**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **08/12/2013**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **9/19/14 1:00 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |     |
|---|-----|
| <b>1. Shelter is structurally sound</b>   | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>   | Yes |
| <b>3. Repairs are done when necessary</b>   | Yes |
| <b>4. Dogs are handled safely</b>   | Yes |
| <b>5. Adequate space is available for all dogs</b>  | Yes |
| <b>6. Light is sufficient for observation</b>   | Yes |
| <b>7. Ventilation is adequate</b>   | Yes |
| <b>8. Drainage is adequate</b>  | Yes |
| <b>9. Temperature extremes are avoided</b>  | Yes |
| <b>10. Clean food and water is available and in ample amount</b>  | Yes |
| <b>11. Veterinary care is provided when necessary</b>   | Yes |
| <i>Dr. Jiao and Dr. Pannella</i>  |     |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>  | Yes |
| <i>Dr. Jiao and Dr. Pannella</i>  |     |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>   | Yes |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>   | Yes |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>  | Yes |
| <i>Each unidentified dog licensed or not, must be held for a period of 5 days from the date of seizure. A day is defined as a 24 hour period from midnight to midnight. The redemption period starts after midnight following the day of seizure.</i> |     |
| <b>16. Owners of identified dogs are properly notified</b>  | Yes |
| <b>17. Redeemed dogs are licensed before release</b>  | Yes |
| <i>Issued by the city.</i>  |     |
| <b>18. Proper impoundment fees paid before dogs are released</b>  | Yes |
| <i>Collected by the shelter.</i>  |     |
| <b>19. Written contract or lease with municipality</b>  | Yes |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Assistant Animal Warden**

REVIEWED BY: **Annette Holowka**  
REVIEWED DATE: **09/23/2014**



**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **10/21/15 1:30 pm**

**MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**

Inspector: **Kim Volpe**

Inspector #: **61**

These are the findings of an inspection of your facility on the date(s) indicated above:

- 1. Shelter is structurally sound Yes
- 2. Housing area and equipment is sanitized regularly Yes
- 3. Repairs are done when necessary Yes
- 4. Dogs are handled safely Yes
- 5. Adequate space is available for all dogs Yes
- 6. Light is sufficient for observation Yes
- 7. Ventilation is adequate Yes
- 8. Drainage is adequate Yes  
*The drains were being repaired during inspection.*
- 9. Temperature extremes are avoided Yes
- 10. Clean food and water is available and in ample amount Yes
- 11. Veterinary care is provided when necessary Yes  
*Pet Rescue-Dr. Pannella*
- 12. Dogs are euthanized humanely, by authorized personnel Yes
- 13. Complete intake and disposition records are maintained for all seized dogs Yes  
*Excellent paperwork*
- 14. Dogs transferred for purposes of adoption in compliance with Article 7 Yes
- 15. Redemption period is observed before adoption, euthanasia or transfer Yes
- 16. Owners of identified dogs are properly notified Yes
- 17. Redeemed dogs are licensed before release Yes
- 18. Proper impoundment fees paid before dogs are released Yes
- 19. Written contract or lease with municipality Yes

Town - City - Village Information for Inspection:

**TCV CODE TCV NAME**

5517 City of Mount Vernon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Assistant animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **10/23/2015**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **12/21/16 12:00 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

<b>1. Shelter is structurally sound</b>	Yes
<b>2. Housing area and equipment is sanitized regularly</b>	Yes
<b>3. Repairs are done when necessary</b>	Yes
<b>4. Dogs are handled safely</b>	Yes
<b>5. Adequate space is available for all dogs</b>	Yes
<b>6. Light is sufficient for observation</b>	Yes
<b>7. Ventilation is adequate</b>	Yes
<b>8. Drainage is adequate</b>	Yes
<b>9. Temperature extremes are avoided</b>	Yes
<b>10. Clean food and water is available and in ample amount</b>	Yes
<b>11. Veterinary care is provided when necessary</b>	Yes
<b>12. Dogs are euthanized humanely, by authorized personnel</b>	Yes
<b>13. Complete intake and disposition records are maintained for all seized dogs</b>	Yes
<b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>	Yes
<b>15. Redemption period is observed before adoption, euthanasia or transfer</b>	Yes
<b>16. Owners of identified dogs are properly notified</b>	Yes
<b>17. Redeemed dogs are licensed before release</b>	Yes
<b>18. Proper impoundment fees paid before dogs are released</b>	Yes
<b>19. Written contract or lease with municipality</b>	Yes

---

 Town - City - Village Information for Inspection:
 

---

<b>TCV CODE</b>	<b>TCV NAME</b>
5517	City of Mount Vernon

REMARKS:

 REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
 TITLE: **Asst. Animal Warden**

 REVIEWED BY: **Eloise Herrman**  
 REVIEWED DATE: **12/30/2016**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **3/1/18 12:15 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |                |
|---|----------------|
| <b>1. Shelter is structurally sound</b>   | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b>   | Yes            |
| <b>3. Repairs are done when necessary</b>   | No             |
| <i>The outside left bottom drains are not functioning properly. The waste water is all backed up and not draining.</i>  |                |
| <b>4. Dogs are handled safely</b>   | Yes            |
| <b>5. Adequate space is available for all dogs</b>  | Yes            |
| <b>6. Light is sufficient for observation</b>   | Yes            |
| <b>7. Ventilation is adequate</b>   | Yes            |
| <b>8. Drainage is adequate</b>  | No             |
| <i>The outside left bottom drains are not functioning properly. The waste water is all backed up and not draining.</i>  |                |
| <b>9. Temperature extremes are avoided</b>  | Yes            |
| <b>10. Clean food and water is available and in ample amount</b>  | No             |
| <i>Feed bags should be stored off the floor on racks or pallets. Open bags must be kept in covered containers.</i>  |                |
| <b>11. Veterinary care is provided when necessary</b>   | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>  | Yes            |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>   | No             |
| <i>The folder for dogs that were redeemed in 2017 is missing.</i>   |                |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>   | Yes            |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>  | No             |
| <i>Each unidentified dog licensed or not, must be held for a period of 5 days from the date of seizure. A day is defined as a 24-hour period from midnight to midnight. Redemption period starts after midnight following the day of seizure.</i> |                |
| <b>16. Owners of identified dogs are properly notified</b>  | Yes            |
| <b>17. Redeemed dogs are licensed before release</b>  | No             |
| <i>The folder for all dogs that were redeemed in 2017 is missing.</i>   |                |
| <b>18. Proper impoundment fees paid before dogs are released</b>  | No             |
| <i>The folder for all dogs that were redeemed in 2017 is missing.</i>   |                |
| <b>19. Written contract or lease with municipality</b>  | Not Applicable |

---

Town - City - Village Information for Inspection:

---

**TCV CODE    TCV NAME**

---

5517            City of Mount Vernon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Shawn Carroll**  
TITLE: **Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **03/02/2018**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **5/15/18 10:45 am**

**MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**

Inspector: **Kim Volpe**

Inspector #: **61**

---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

- |   |                |
|---|----------------|
| <b>1. Shelter is structurally sound</b>   | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b>                           | Yes            |
| <b>3. Repairs are done when necessary</b>   | Yes            |
| <b>4. Dogs are handled safely</b>   | Yes            |
| <b>5. Adequate space is available for all dogs</b>                                    | Yes            |
| <b>6. Light is sufficient for observation</b>   | Yes            |
| <b>7. Ventilation is adequate</b>   | Yes            |
| <b>8. Drainage is adequate</b>  | Yes            |
| <b>9. Temperature extremes are avoided</b>  | Yes            |
| <b>10. Clean food and water is available and in ample amount</b>                      | Yes            |
| <b>11. Veterinary care is provided when necessary</b>                                 | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>                      | Yes            |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b> | Yes            |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>     | Yes            |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>      | Yes            |
| <b>16. Owners of identified dogs are properly notified</b>                            | Yes            |
| <b>17. Redeemed dogs are licensed before release</b>                                  | Yes            |
| <b>18. Proper impoundment fees paid before dogs are released</b>                      | Yes            |
| <b>19. Written contract or lease with municipality</b>                                | Not Applicable |

---

Town - City - Village Information for Inspection:

---

**TCV CODE TCV NAME**

5517 City of Mount Vernon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **05/21/2018**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **5/30/19 12:15 pm**

**MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**

Inspector: **Kim Volpe**

Inspector #: **61**

Inspector: **Eloise Herrman**

Inspector #: **18**

These are the findings of an inspection of your facility on the date(s) indicated above:

- 1. Shelter is structurally sound Yes
- 2. Housing area and equipment is sanitized regularly Yes
- 3. Repairs are done when necessary Yes
- 4. Dogs are handled safely Yes
- 5. Adequate space is available for all dogs Yes
- 6. Light is sufficient for observation Yes
- 7. Ventilation is adequate Yes
- 8. Drainage is adequate Yes
- 9. Temperature extremes are avoided Yes
- 10. Clean food and water is available and in ample amount Yes
- 11. Veterinary care is provided when necessary Yes
- 12. Dogs are euthanized humanely, by authorized personnel Yes
- 13. Complete intake and disposition records are maintained for all seized dogs Yes
- 14. Dogs transferred for purposes of adoption in compliance with Article 7 Yes
- 15. Redemption period is observed before adoption, euthanasia or transfer Yes
- 16. Owners of identified dogs are properly notified Yes
- 17. Redeemed dogs are licensed before release Yes
- 18. Proper impoundment fees paid before dogs are released Yes
- 19. Written contract or lease with municipality Not Applicable

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
5517	City of Mount Vernon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **06/05/2019**



**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Pending**

Purpose: **Inspection**

DATE/TOA: **5/29/20 1:00 pm**

**MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**

Inspector: **Kim Volpe**

Inspector #: **61**

---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

- |   |                |
|---|----------------|
| <b>1. Shelter is structurally sound</b>   | Not Applicable |
| <b>2. Housing area and equipment is sanitized regularly</b>                           | Not Applicable |
| <b>3. Repairs are done when necessary</b>   | Not Applicable |
| <b>4. Dogs are handled safely</b>   | Not Applicable |
| <b>5. Adequate space is available for all dogs</b>                                    | Not Applicable |
| <b>6. Light is sufficient for observation</b>   | Not Applicable |
| <b>7. Ventilation is adequate</b>   | Not Applicable |
| <b>8. Drainage is adequate</b>  | Not Applicable |
| <b>9. Temperature extremes are avoided</b>  | Not Applicable |
| <b>10. Clean food and water is available and in ample amount</b>                      | Not Applicable |
| <b>11. Veterinary care is provided when necessary</b>                                 | Not Applicable |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>                      | Not Applicable |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b> | Not Applicable |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>     | Not Applicable |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>      | Not Applicable |
| <b>16. Owners of identified dogs are properly notified</b>                            | Not Applicable |
| <b>17. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <b>18. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <b>19. Written contract or lease with municipality</b>                                | Not Applicable |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
5517	City of Mount Vernon

REMARKS:

**This inspection has been postponed due to COVID-19.**

REPRESENTATIVE PRESENT FOR INSPECTION: **N/A**  
TITLE: **N/A**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **06/05/2020**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **6/23/20 11:15 am**

**MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**

Inspector: **Kim Volpe**

Inspector #: **61**

---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

- |   |                |
|---|----------------|
| <b>1. Shelter is structurally sound</b>   | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b>                           | Yes            |
| <b>3. Repairs are done when necessary</b>   | Yes            |
| <b>4. Dogs are handled safely</b>   | Yes            |
| <b>5. Adequate space is available for all dogs</b>                                    | Yes            |
| <b>6. Light is sufficient for observation</b>   | Yes            |
| <b>7. Ventilation is adequate</b>   | Yes            |
| <b>8. Drainage is adequate</b>  | Yes            |
| <b>9. Temperature extremes are avoided</b>  | Yes            |
| <b>10. Clean food and water is available and in ample amount</b>                      | Yes            |
| <b>11. Veterinary care is provided when necessary</b>                                 | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>                      | Yes            |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b> | Yes            |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>     | Yes            |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>      | Yes            |
| <b>16. Owners of identified dogs are properly notified</b>                            | Yes            |
| <b>17. Redeemed dogs are licensed before release</b>                                  | Yes            |
| <b>18. Proper impoundment fees paid before dogs are released</b>                      | Yes            |
| <b>19. Written contract or lease with municipality</b>                                | Not Applicable |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
5517	City of Mount Vernon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Shawn Carroll**  
TITLE: **Assist Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **06/25/2020**



**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Pending**

Purpose: **Inspection**

DATE/TOA: **7/16/21 12:00 pm**

**MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**

Inspector: **Kim Volpe**

Inspector #: **61**

---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

- |   |                |
|---|----------------|
| <b>1. Shelter is structurally sound</b>   | Not Applicable |
| <b>2. Housing area and equipment is sanitized regularly</b>                           | Not Applicable |
| <b>3. Repairs are done when necessary</b>   | Not Applicable |
| <b>4. Dogs are handled safely</b>   | Not Applicable |
| <b>5. Adequate space is available for all dogs</b>                                    | Not Applicable |
| <b>6. Light is sufficient for observation</b>   | Not Applicable |
| <b>7. Ventilation is adequate</b>   | Not Applicable |
| <b>8. Drainage is adequate</b>  | Not Applicable |
| <b>9. Temperature extremes are avoided</b>  | Not Applicable |
| <b>10. Clean food and water is available and in ample amount</b>                      | Not Applicable |
| <b>11. Veterinary care is provided when necessary</b>                                 | Not Applicable |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>                      | Not Applicable |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b> | Not Applicable |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>     | Not Applicable |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>      | Not Applicable |
| <b>16. Owners of identified dogs are properly notified</b>                            | Not Applicable |
| <b>17. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <b>18. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <b>19. Written contract or lease with municipality</b>                                | Not Applicable |

---

Town - City - Village Information for Inspection:

---

**TCV CODE TCV NAME**

5517 City of Mount Vernon

REMARKS:

**Shelter is not open to the public as per sign. Office was dark and no one around. Left business card and I will call to follow up.**

REPRESENTATIVE PRESENT FOR INSPECTION: **N/A**  
TITLE: **N/A**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **07/23/2021**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **8/11/21 11:15 am**

**MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**

Inspector: **Kim Volpe**

Inspector #: **61**

These are the findings of an inspection of your facility on the date(s) indicated above:

- |   |                |
|---|----------------|
| <b>1. Shelter is structurally sound</b>   | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b>                           | Yes            |
| <b>3. Repairs are done when necessary</b>   | Yes            |
| <b>4. Dogs are handled safely</b>   | Yes            |
| <b>5. Adequate space is available for all dogs</b>                                    | Yes            |
| <b>6. Light is sufficient for observation</b>   | Yes            |
| <b>7. Ventilation is adequate</b>   | Yes            |
| <b>8. Drainage is adequate</b>  | Yes            |
| <b>9. Temperature extremes are avoided</b>  | Yes            |
| <b>10. Clean food and water is available and in ample amount</b>                      | Yes            |
| <b>11. Veterinary care is provided when necessary</b>                                 | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>                      | Yes            |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b> | Yes            |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>     | Yes            |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>      | Yes            |
| <b>16. Owners of identified dogs are properly notified</b>                            | Yes            |
| <b>17. Redeemed dogs are licensed before release</b>                                  | Yes            |
| <b>18. Proper impoundment fees paid before dogs are released</b>                      | Yes            |
| <b>19. Written contract or lease with municipality</b>                                | Not Applicable |

Town - City - Village Information for Inspection:

<b>TCV CODE</b>	<b>TCV NAME</b>
5517	City of Mount Vernon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Animal Warden**

REVIEWED BY: **David Chico**  
REVIEWED DATE: **08/13/2021**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **9/28/22 12:45 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |  |     |
|--|-----|
| <b>1. Shelter is structurally sound</b>  | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>  | No  |
| <i>The entire shelter has large amount of rodent waste material and chewed up debris lying around. The shelter enclosures and the equipment can't be cleaned or sanitized properly to prevent disease transmission under these conditions.</i>   |     |
| <b>3. Repairs are done when necessary</b>  | No  |
| <i>The entire shelter has large amount of rodent waste material and chewed up debris lying around. The shelter enclosures and the equipment can't be cleaned or sanitized properly to prevent disease transmission under these conditions.</i>   |     |
| <b>4. Dogs are handled safely</b>  | No  |
| <i>The entire shelter has large amount of rodent waste material and chewed up debris lying around. The shelter enclosures and the equipment can't be cleaned or sanitized properly to prevent disease transmission under these conditions.</i>   |     |
| <b>5. Adequate space is available for all dogs</b>   | Yes |
| <b>6. Light is sufficient for observation</b>  | Yes |
| <b>7. Ventilation is adequate</b>  | No  |
| <i>The foul smell of rodent waste is excessive.</i>  |     |
| <b>8. Drainage is adequate</b>   | Yes |
| <b>9. Temperature extremes are avoided</b>   | Yes |
| <b>10. Clean food and water is available and in ample amount</b>   | No  |
| <i>All food must be properly stored to prevent spoilage. Feed bags should be stored off the floors on racks or pallets. Open bags must be kept in covered containers.</i>  |     |
| <b>11. Veterinary care is provided when necessary</b>  | No  |
| <i>All dogs that become sick or injured while at the shelter must be provided with prompt and appropriate care, as directed by a licensed veterinarian. There were several shelves of veterinary medications and vaccines including syringes under no supervision of a veterinarian.</i> |     |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>   | No  |
| <i>There are no disposition records to properly demonstrate.</i>   |     |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>  | No  |
| <i>There are no disposition records to properly demonstrate.</i>   |     |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>  | No  |
| <i>There are no disposition records to properly demonstrate.</i>   |     |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>   | No  |
| <i>There are no disposition records to properly demonstrate.</i>   |     |
| <b>16. Owners of identified dogs are properly notified</b>   | Yes |

**17. Redeemed dogs are licensed before release**

No

*Before a seized dog can be released, the owner must show proof of license, regardless of where they live. Residents from another municipality, NYC or out of state must buy a local license if the dog is not licensed at home.*

**18. Proper impoundment fees paid before dogs are released**

No

*The impoundment fees are not being collected by the municipality before the dogs are released.*

**19. Written contract or lease with municipality**

Not Applicable

---

 Town - City - Village Information for Inspection:
 

---

TCV CODE	TCV NAME
5517	City of Mount Vernon

## REMARKS:

**At this time of inspection, both Animal Wardens have been out of work since June. The DCO/Shelter is currently being run by Police Officer Brianna Mecca. I left copies of the DCO/Shelter Manual and Article 7. All previous records were unable to be properly viewed and accessed. The entire shelter needs to be evaluated for pest extermination on a regular basis for these animals to be properly housed and to prevent disease transmission.**

REPRESENTATIVE PRESENT FOR INSPECTION: **PO Bianna Mecca #2177**REVIEWED BY: **Joyce Amels**TITLE: **Police Officer**REVIEWED DATE: **09/30/2022**

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **11/3/22 11:00 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**Inspector: **Joyce Amels**Inspector #: **67**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |                |
|---|----------------|
| <b>1. Shelter is structurally sound</b>   | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b>   | No             |
| <i>The entire shelter has large amount of rodent waste material and chewed up debris lying around. The shelter and the equipment can't be cleaned and sanitized properly to prevent disease transmission under these conditions. Feces and organic materials are being flushed into the drains which remained in the drainage channel. The shelter is also not able to be cleaned properly due to the lack of staffing.</i> |                |
| <b>3. Repairs are done when necessary</b>   | No             |
| <i>The entire shelter has large amount of rodent waste material and chewed up debris lying around. The shelter and the equipment can't be cleaned and sanitized properly to prevent disease transmission under these conditions.</i>  |                |
| <b>4. Dogs are handled safely</b>   | No             |
| <i>The entire shelter has large amount of rodent waste material and chewed up debris lying around. The shelter and the equipment can't be cleaned and sanitized properly to prevent disease transmission under these conditions.</i>  |                |
| <b>5. Adequate space is available for all dogs</b>  | Yes            |
| <b>6. Light is sufficient for observation</b>   | Yes            |
| <b>7. Ventilation is adequate</b>   | No             |
| <i>The foul smell of rodent waste is excessive.</i>   |                |
| <b>8. Drainage is adequate</b>  | No             |
| <i>All feces and organic material needs to be removed before flushing into the drains.</i>  |                |
| <b>9. Temperature extremes are avoided</b>  | Yes            |
| <b>10. Clean food and water is available and in ample amount</b>  | Yes            |
| <b>11. Veterinary care is provided when necessary</b>   | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>  | Yes            |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>   | Yes            |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>   | Yes            |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>  | Yes            |
| <b>16. Owners of identified dogs are properly notified</b>  | Yes            |
| <b>17. Redeemed dogs are licensed before release</b>  | Yes            |
| <i>The city clerk has been issuing dog licenses.</i>  |                |
| <b>18. Proper impoundment fees paid before dogs are released</b>  | Yes            |
| <i>The proper impoundment fee has been collected by the shelter.</i>  |                |
| <b>19. Written contract or lease with municipality</b>  | Not Applicable |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

REMARKS:

**The entire shelter needs to be evaluated for pest extermination on a regular basis for these animals to be properly housed and to prevent disease transmission.**

REPRESENTATIVE PRESENT FOR INSPECTION: **PO Mecca**  
TITLE: **Police Officer**

REVIEWED BY: **Joyce Amels**  
REVIEWED DATE: **11/07/2022**



**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **12/6/22 11:15 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**Inspector: **Joanne Halloran**Inspector #: **850**Inspector: **Michael Lo Re**Inspector #: **066**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |     |
|---|-----|
| <b>1. Shelter is structurally sound</b>   | No  |
| <i>The shelter is not structurally sound due to massive rodent infestation living in walls and destroying/weakening the structure.</i>  |     |
| <b>2. Housing area and equipment is sanitized regularly</b>   | No  |
| <i>The large amount of rodents are living among the animals and storage areas in the entire shelter. There is an abundance of rodent waste and chewed up debris lying all around. The animals and staff are being exposed to diseases that are transmitted by rodents. The shelter and equipment can't be properly cleaned or sanitized to prevent disease transmission under these conditions. There has been no attempt to control the rodents by the municipality.</i> |     |
| <b>3. Repairs are done when necessary</b>   | No  |
| <i>The large amount of rodents are living among the animals and storage areas in the entire shelter. There is an abundance of rodent waste and chewed up debris lying all around. The animals and staff are being exposed to diseases that are transmitted by rodents. The shelter and equipment can't be properly cleaned or sanitized to prevent disease transmission under these conditions. There has been no attempt to control the rodents by the municipality.</i> |     |
| <b>4. Dogs are handled safely</b>   | No  |
| <i>The large amount of rodents are living among the animals and storage areas in the entire shelter. There is an abundance of rodent waste and chewed up debris lying all around. The animals and staff are being exposed to diseases that are transmitted by rodents. The shelter and equipment can't be properly cleaned or sanitized to prevent disease transmission under these conditions. There has been no attempt to control the rodents by the municipality.</i> |     |
| <b>5. Adequate space is available for all dogs</b>  | Yes |
| <b>6. Light is sufficient for observation</b>   | Yes |
| <b>7. Ventilation is adequate</b>   | No  |
| <i>This is a foul smell of rodent waste through the entire shelter.</i>   |     |
| <b>8. Drainage is adequate</b>  | Yes |
| <b>9. Temperature extremes are avoided</b>  | No  |
| <i>The oil tank is not functional and there is no heat.</i>   |     |
| <b>10. Clean food and water is available and in ample amount</b>  | No  |
| <i>All open food must be stored in sealed containers. The unopen food bags must be elevated off the floor.</i>  |     |
| <b>11. Veterinary care is provided when necessary</b>   | Yes |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>  | Yes |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>   | Yes |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>   | Yes |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>  | Yes |
| <b>16. Owners of identified dogs are properly notified</b>  | Yes |

- 17. Redeemed dogs are licensed before release Yes
- 18. Proper impoundment fees paid before dogs are released Yes
- 19. Written contract or lease with municipality Not Applicable

---

Town - City - Village Information for Inspection:

---

TCV CODE	TCV NAME
5517	City of Mount Vernon

REMARKS:

**The pest extermination needs to be done in order for the animals and staff to be in a safe and healthy environment. Thus far no improvements have been made to the shelter conditions. The animals should be removed to avoid these health hazards.**

REPRESENTATIVE PRESENT FOR INSPECTION: **PO Mecca**  
 TITLE: **Police Officer**

REVIEWED BY: **Joyce Amels**  
 REVIEWED DATE: **12/15/2022**



**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory365**Purpose: **Complaint Inspection**DATE/TOA: **1/28/11 11:00 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Eloise Herrman**Inspector #: **18**Inspector: **Janet Collier**Inspector #: **65**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

**A. Seizures**

- |   |     |
|---|-----|
| <b>1. Equipment is available for proper capture and holding</b>     | Yes |
| <b>2. Dogs are held and transported safely</b>                      | Yes |
| <b>3. Housing, equipment and containers are sanitized regularly</b> | Yes |
| <b>4. Veterinary care is provided when necessary</b>                | Yes |
| <b>5. Dogs are euthanized humanely</b>                              | Yes |

*Dr. Ciao needs to sign all euthanasia papers.***B. Records**

- |   |     |
|---|-----|
| <b>1. Complete seizure and disposition records are maintained for all seized dogs</b>   | No  |
| <i>The seizure information is readily available. The dispositions are hard to follow too many sources of information for each animal are kept. The information needs to be kept on one record a DL18 or equivalent.</i> |     |
| <b>2. Dogs transferred for purposes of adoption go to approved facilities only</b>  | Yes |
| <b>3. Holding period is observed before adoption or euthanasia</b>  | Yes |
| <b>4. Redeemed dogs are licensed before release</b>   | Yes |
| <b>5. Impound fees paid before dogs are released</b>  | Yes |
| <b>6. Impound fees in addition to state mandated fees are set by local law or ordinance</b>   | Yes |
| <b>7. Penalty actions are initiated for violation of Article 7 and local laws</b>   | Yes |
| <b>8. Dangerous dog procedures are followed</b>   | Yes |

---

Town - City - Village Information for Inspection:

---

**TCV CODE**   **TCV NAME**

---

---

Additional Information for Inspection.

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection:   about 35

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Animal Control Officer**

REVIEWED BY: **James Gray**  
REVIEWED DATE: **02/01/2011**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **2/13/12 12:00 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**Inspector: **Eloise Herrman**Inspector #: **18**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |  |                |
|--|----------------|
| <b>1. Equipment is available for proper capture and holding</b>  | Yes            |
| <b>2. Dogs are held and transported safely</b>   | Yes            |
| <b>3. Equipment maintained in clean and sanitary condition</b>   | No             |
| <i>During transport, after each dog seizure, the crates and blankets must be properly cleaned and disinfected.</i> |                |
| <b>4. Veterinary care is provided when necessary</b>   | Yes            |
| <b>5. Dogs are euthanized humanely</b>   | Yes            |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b>                              | Yes            |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>                                   | Yes            |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>                                    | Yes            |
| <b>9. Owners of identified dogs are properly notified</b>  | Yes            |
| <b>10. Redeemed dogs are licensed before release</b>   | Yes            |
| <b>11. Proper impoundment fees paid before dogs are released</b>   | Not Applicable |

---

 Town - City - Village Information for Inspection:
 

---

<b>TCV CODE</b>	<b>TCV NAME</b>
5517	City of Mount Vernon

---

 Additional Information for Inspection:
 

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: unknown

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Shawn Carroll**  
TITLE: **DCO**REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **02/17/2012**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory91**Purpose: **Inspection**DATE/TOA: **3/22/13 12:00 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |  |     |
|--|-----|
| <b>1. Equipment is available for proper capture and holding</b>  | Yes |
| <b>2. Dogs are held and transported safely</b>   | Yes |
| <b>3. Equipment maintained in clean and sanitary condition</b>   | Yes |
| <b>4. Veterinary care is provided when necessary</b>   | Yes |
| <i>Dr. Jiao and Dr. Jennifer Panella</i>   |     |
| <b>5. Dogs are euthanized humanely</b>   | Yes |
| <i>Dr. Jiao and Dr. Jennifer Panella</i>   |     |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b>  | Yes |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>   | Yes |
| <i>Pet Rescue and Cat Assistance</i>   |     |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>  | Yes |
| <b>9. Owners of identified dogs are properly notified</b>  | Yes |
| <b>10. Redeemed dogs are licensed before release</b>   | No  |
| <i>Continue to obtain licenses on all seized dogs that are redeemed from the owner even if they do not live in Mount Vernon. The license must be within the municipality in which the dog resides.</i> |     |
| <b>11. Proper impoundment fees paid before dogs are released</b>   | Yes |

---

 Town - City - Village Information for Inspection:
 

---

**TCV CODE TCV NAME**

5517	City of Mount Vernon
------	----------------------

---

 Additional Information for Inspection:
 

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: unknown

REMARKS:

 REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
 TITLE: **Assistant Animal Warden**

 REVIEWED BY: **Eloise Herrman**  
 REVIEWED DATE: **03/25/2013**



**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **8/8/13 2:30 pm**

**MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**

Inspector: **Kim Volpe**

Inspector #: **61**

---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

- |   |     |
|---|-----|
| <b>1. Equipment is available for proper capture and holding</b>                       | Yes |
| <b>2. Dogs are held and transported safely</b>  | Yes |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Yes |
| <b>4. Veterinary care is provided when necessary</b>                                  | Yes |
| <i>Dr. Jiao</i>   |     |
| <b>5. Dogs are euthanized humanely</b>  | Yes |
| <i>Dr. Jiao</i>   |     |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | Yes |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Yes |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Yes |
| <b>9. Owners of identified dogs are properly notified</b>                             | Yes |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Yes |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Yes |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
5517	City of Mount Vernon

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: unknown

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **ACO**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **08/12/2013**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **9/19/14 1:00 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |     |
|---|-----|
| <b>1. Equipment is available for proper capture and holding</b>   | Yes |
| <b>2. Dogs are held and transported safely</b>  | Yes |
| <i>Mount Vernon for Animal Care</i>   |     |
| <b>3. Equipment maintained in clean and sanitary condition</b>  | Yes |
| <b>4. Veterinary care is provided when necessary</b>  | Yes |
| <i>Dr. Jiao and Dr. Pannella</i>  |     |
| <b>5. Dogs are euthanized humanely</b>  | Yes |
| <i>Dr. Jiao and Dr. Pannella</i>  |     |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b>   | Yes |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>  | Yes |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>   | Yes |
| <i>Each unidentified dog licensed or not, must be held for a period of five days from the date of seizure. A day is defined as a 24 hours period from midnight to midnight. The redemption period starts after midnight following the day of seizure.</i> |     |
| <b>9. Owners of identified dogs are properly notified</b>   | Yes |
| <b>10. Redeemed dogs are licensed before release</b>  | Yes |
| <i>Issued by the city.</i>  |     |
| <b>11. Proper impoundment fees paid before dogs are released</b>  | Yes |
| <i>Collected by the shelter.</i>  |     |

---

Town - City - Village Information for Inspection:

---

**TCV CODE**   **TCV NAME**

---

5517      City of Mount Vernon

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection:   unknown

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Assistant Animal Warden**

REVIEWED BY: **Annette Holowka**  
REVIEWED DATE: **09/23/2014**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **10/21/15 1:30 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |  |                |
|--|----------------|
| <b>1. Equipment is available for proper capture and holding</b>  | Yes            |
| <b>2. Dogs are held and transported safely</b>   | Yes            |
| <b>3. Equipment maintained in clean and sanitary condition</b><br><i>Bleach and pine sol</i>               | Yes            |
| <b>4. Veterinary care is provided when necessary</b><br><i>Pet Rescue-Dr. Pannella</i>                     | Yes            |
| <b>5. Dogs are euthanized humanely</b>   | Yes            |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b>                      | Yes            |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b><br><i>Shelter handles</i> | Not Applicable |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b><br><i>Shelter handles</i>  | Not Applicable |
| <b>9. Owners of identified dogs are properly notified</b>  | Yes            |
| <b>10. Redeemed dogs are licensed before release</b><br><i>Shelter handles</i>                             | Not Applicable |
| <b>11. Proper impoundment fees paid before dogs are released</b><br><i>Shelter handles</i>                 | Not Applicable |



---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: 335 in 2014 including owner surrenders

**Associated Municipal Shelter(s):**

Name of Shelter(s): Mount Vernon Center for Animal Care

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Assitant animal warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **10/23/2015**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **12/21/16 12:00 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |                |
|---|----------------|
| <b>1. Equipment is available for proper capture and holding</b>                       | Yes            |
| <b>2. Dogs are held and transported safely</b>  | Yes            |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Yes            |
| <b>4. Veterinary care is provided when necessary</b>                                  | Yes            |
| <b>5. Dogs are euthanized humanely</b>  | Yes            |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | Yes            |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>9. Owners of identified dogs are properly notified</b>                             | Yes            |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <i>Shelter handles</i>  |                |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

5517	City of Mount Vernon
------	----------------------

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: unknown

**Associated Municipal Shelter(s):**

Name of Shelter(s): Mount Vernon Center for Animal Care

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Asst. Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **12/30/2016**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **3/1/18 12:15 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |                |
|---|----------------|
| <b>1. Equipment is available for proper capture and holding</b>                       | Yes            |
| <b>2. Dogs are held and transported safely</b>  | Yes            |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Yes            |
| <b>4. Veterinary care is provided when necessary</b>                                  | Yes            |
| <b>5. Dogs are euthanized humanely</b>  | Yes            |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | No             |
| <i>All dogs that were redeemed in 2017 folder is missing.</i>                         |                |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>9. Owners of identified dogs are properly notified</b>                             | Yes            |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <i>Shelter handles</i>  |                |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: 173 dogs in 2017

**Associated Municipal Shelter(s):**

Name of Shelter(s): Mount Vernon Center for Animal Care

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Shawn Carroll**  
TITLE: **Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **03/02/2018**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **5/15/18 10:45 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

- |   |                |
|---|----------------|
| <b>1. Equipment is available for proper capture and holding</b>                       | Yes            |
| <b>2. Dogs are held and transported safely</b>  | Yes            |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Yes            |
| <b>4. Veterinary care is provided when necessary</b>                                  | Yes            |
| <b>5. Dogs are euthanized humanely</b>  | Yes            |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | Yes            |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>9. Owners of identified dogs are properly notified</b>                             | Yes            |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <i>Shelter and City clerk handle</i>  |                |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <i>Shelter handles</i>  |                |



---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: not sure

**Associated Municipal Shelter(s):**

Name of Shelter(s): Mount Vernon Animal Shelter

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **05/21/2018**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **5/30/19 12:15 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**Inspector: **Eloise Herrman**Inspector #: **18**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |                |
|---|----------------|
| <b>1. Equipment is available for proper capture and holding</b>                       | Yes            |
| <b>2. Dogs are held and transported safely</b>  | Yes            |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Yes            |
| <b>4. Veterinary care is provided when necessary</b>                                  | Yes            |
| <b>5. Dogs are euthanized humanely</b>  | Yes            |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | Yes            |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>9. Owners of identified dogs are properly notified</b>                             | Yes            |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <i>Shelter handles</i>  |                |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
5517	City of Mount Vernon

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: N/A

**Associated Municipal Shelter(s):**

Name of Shelter(s): Mount Vernon Center for Animal Care

**Holding Facility:**

Dogs held before transport to shelter? (Yes/No): No

Location(s): N/A

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **06/05/2019**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Pending**Purpose: **Inspection**DATE/TOA: **5/29/20 1:00 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**

---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

- |   |                |
|---|----------------|
| <b>1. Equipment is available for proper capture and holding</b>                       | Not Applicable |
| <b>2. Dogs are held and transported safely</b>  | Not Applicable |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Not Applicable |
| <b>4. Veterinary care is provided when necessary</b>                                  | Not Applicable |
| <b>5. Dogs are euthanized humanely</b>  | Not Applicable |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | Not Applicable |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Not Applicable |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Not Applicable |
| <b>9. Owners of identified dogs are properly notified</b>                             | Not Applicable |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: N/A

**Associated Municipal Shelter(s):**

Name of Shelter(s): N/A

**Holding Facility:**

Dogs held before transport to shelter? (Yes/No): N/A

Location(s): N/A

REMARKS:

**This inspection has been postponed due to COVID-19.**

REPRESENTATIVE PRESENT FOR INSPECTION: N/A  
TITLE: N/A

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **06/05/2020**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **6/23/20 11:15 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |                |
|---|----------------|
| <b>1. Equipment is available for proper capture and holding</b>                       | Yes            |
| <b>2. Dogs are held and transported safely</b>  | Yes            |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Yes            |
| <b>4. Veterinary care is provided when necessary</b>                                  | Yes            |
| <b>5. Dogs are euthanized humanely</b>  | Yes            |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | Yes            |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>9. Owners of identified dogs are properly notified</b>                             | Yes            |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <i>Shelter and city clerk handle</i>  |                |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <i>city clerk handles</i>   |                |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: 187

**Associated Municipal Shelter(s):**

Name of Shelter(s): Mount Vernon Center for Animal Care

**Holding Facility:**

Dogs held before transport to shelter? (Yes/No): No

Location(s): N/A

REMARKS:

**This inspection has been conducted late due to COVID-19.**

REPRESENTATIVE PRESENT FOR INSPECTION: **Shawn Carroll**  
TITLE: **Assist Animal Warden**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **06/25/2020**



**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**

Rating: **Pending**

Purpose: **Inspection**

DATE/TOA: **7/16/21 12:00 pm**

**MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**

Inspector: **Kim Volpe**

Inspector #: **61**

---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

- |   |                |
|---|----------------|
| <b>1. Equipment is available for proper capture and holding</b>                       | Not Applicable |
| <b>2. Dogs are held and transported safely</b>  | Not Applicable |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Not Applicable |
| <b>4. Veterinary care is provided when necessary</b>                                  | Not Applicable |
| <b>5. Dogs are euthanized humanely</b>  | Not Applicable |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | Not Applicable |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Not Applicable |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Not Applicable |
| <b>9. Owners of identified dogs are properly notified</b>                             | Not Applicable |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |

Town - City - Village Information for Inspection:

**TCV CODE TCV NAME**

5517 City of Mount Vernon

Additional Information for Inspection:

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: N/A

**Associated Municipal Shelter(s):**

Name of Shelter(s): N/A

**Holding Facility:**

Dogs held before transport to shelter? (Yes/No): N/A

Location(s): N/A

REMARKS:

**Shelter is not open to the public as per sign. Office was dark and no one around. Left business card and will call to follow up.**

REPRESENTATIVE PRESENT FOR INSPECTION: N/A  
TITLE: N/A

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **07/23/2021**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **8/11/21 11:15 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |                |
|---|----------------|
| <b>1. Equipment is available for proper capture and holding</b>                       | Yes            |
| <b>2. Dogs are held and transported safely</b>  | Yes            |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Yes            |
| <b>4. Veterinary care is provided when necessary</b>                                  | Yes            |
| <b>5. Dogs are euthanized humanely</b>  | Yes            |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | Yes            |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>9. Owners of identified dogs are properly notified</b>                             | Yes            |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <i>Shelter and city clerk</i>   |                |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <i>Shelter handles</i>  |                |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

5517	City of Mount Vernon
------	----------------------

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: 20

**Associated Municipal Shelter(s):**

Name of Shelter(s): Mt. Vernon Center For Animal Care

**Holding Facility:**

Dogs held before transport to shelter? (Yes/No): No

Location(s): N/A

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Megan Webster**  
TITLE: **Animal Warden**

REVIEWED BY: **David Chico**  
REVIEWED DATE: **08/13/2021**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **9/28/22 12:45 pm****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |  |     |
|--|-----|
| <b>1. Equipment is available for proper capture and holding</b>  | Yes |
| <b>2. Dogs are held and transported safely</b>   | Yes |
| <b>3. Equipment maintained in clean and sanitary condition</b>   | Yes |
| <b>4. Veterinary care is provided when necessary</b>   | No  |
| <i>After speaking with the PO Mecca, it is unclear whether the city of Mount Vernon is providing emergency care. "Friends of Mt. Vernon Shelter Animals, Inc." is possibly involved with paying the emergency care bill.</i>           |     |
| <b>5. Dogs are euthanized humanely</b>   | No  |
| <i>There are no disposition records to properly demonstrate.</i>   |     |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b>  | No  |
| <i>There are no disposition records to properly demonstrate.</i>   |     |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>   | No  |
| <i>There are no disposition records to properly demonstrate.</i>   |     |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>  | No  |
| <i>There are no disposition records to properly demonstrate.</i>   |     |
| <b>9. Owners of identified dogs are properly notified</b>  | Yes |
| <b>10. Redeemed dogs are licensed before release</b>   | No  |
| <i>Before a seized dog can be released, the owner must show proof of license, regardless of where they live. Residents from another municipality, NYC or out of state must buy a local license if the dog is not licensed at home.</i> |     |
| <b>11. Proper impoundment fees paid before dogs are released</b>   | No  |
| <i>The impoundment fees are not being collected by the municipality before the dogs are released back to the owner.</i>  |     |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: unable to access all records

**Associated Municipal Shelter(s):**

Name of Shelter(s): Mount Vernon Center for Animal Care

**Holding Facility:**

Dogs held before transport to shelter? (Yes/No): No

Location(s): N/A

REMARKS:

**At this time of inspection, both Animal Wardens have been out of work since June. The DCO/Shelter is currently being run by Police Officer Brianna Mecca. I left copies of the DCO/Shelter Manual and Article 7. All previous records were unable to be properly viewed and accessed.**

REPRESENTATIVE PRESENT FOR INSPECTION: **PO Brianna Mecca**  
TITLE: **Police Officer**

REVIEWED BY: **Joyce Amels**  
REVIEWED DATE: **09/30/2022**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory30**Purpose: **Inspection**DATE/TOA: **11/3/22 11:00 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**  
Inspector: **Joyce Amels**Inspector #: **61**  
Inspector #: **67**

---

These are the findings of an inspection of your facility on the date(s) indicated above:

---

- |   |                |
|---|----------------|
| <b>1. Equipment is available for proper capture and holding</b>                       | Yes            |
| <b>2. Dogs are held and transported safely</b>  | Yes            |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Yes            |
| <b>4. Veterinary care is provided when necessary</b>                                  | Yes            |
| <b>5. Dogs are euthanized humanely</b>  | Yes            |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | Yes            |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>9. Owners of identified dogs are properly notified</b>                             | Yes            |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <i>Shelter and city clerk handle</i>  |                |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <i>Shelter handles</i>  |                |



---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: 7

**Associated Municipal Shelter(s):**

Name of Shelter(s): Mt. Vernon Center for Animal Care

**Holding Facility:**

Dogs held before transport to shelter? (Yes/No): No

Location(s): N/A

REMARKS:

**Police Officer Mecca has made much improvement in regards to any seizure/disposition reports. Several dogs have been redeemed by their owners. The shelter has gotten proof of dog licenses and the shelter also collected the proper impoundment fees.**

REPRESENTATIVE PRESENT FOR INSPECTION: **PO Mecca**  
TITLE: **Police Officer**

REVIEWED BY: **Joyce Amels**  
REVIEWED DATE: **11/07/2022**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**Rating: **Satisfactory30**Purpose: **Inspection**DATE/TOA: **12/6/22 11:15 am****MT VERNON CENTER FOR ANIMAL CARE  
600 GARDEN AVE  
MT VERNON NY 10550**Inspector: **Kim Volpe**Inspector #: **61**Inspector: **Joanne Halloran**Inspector #: **850**Inspector: **Michael Lo Re**Inspector #: **066**


---

 These are the findings of an inspection of your facility on the date(s) indicated above:
 

---

- |   |                |
|---|----------------|
| <b>1. Equipment is available for proper capture and holding</b>                       | Yes            |
| <b>2. Dogs are held and transported safely</b>  | Yes            |
| <b>3. Equipment maintained in clean and sanitary condition</b>                        | Yes            |
| <b>4. Veterinary care is provided when necessary</b>                                  | Yes            |
| <b>5. Dogs are euthanized humanely</b>  | Yes            |
| <b>6. Complete seizure and disposition records are maintained for all seized dogs</b> | Yes            |
| <b>7. Dogs transferred for purposes of adoption in compliance with Article 7</b>      | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>8. Redemption period is observed before adoption, euthanasia or transfer</b>       | Not Applicable |
| <i>Shelter handles</i>  |                |
| <b>9. Owners of identified dogs are properly notified</b>                             | Yes            |
| <b>10. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <i>Shelter and city clerk handle</i>  |                |
| <b>11. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <i>Shelter handles</i>  |                |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
-----------------	-----------------

---

5517	City of Mount Vernon
------	----------------------

---

Additional Information for Inspection:

---

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: 12

**Associated Municipal Shelter(s):**

Name of Shelter(s): Mount Vernon Animal Shelter

**Holding Facility:**

Dogs held before transport to shelter? (Yes/No): No

Location(s): N/A

REMARKS:

**Police Officer Mecca has continued to make much improvements with the completion of the seizure/disposition records. She does plan to be on vacation from Dec 18, 2022 through Jan 18, 2023 and there is no plan for coverage during that time.**

REPRESENTATIVE PRESENT FOR INSPECTION: **PO Mecca**

TITLE: **Police Officer**

REVIEWED BY: **Joyce Amels**

REVIEWED DATE: **12/08/2022**