

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

Name of Facility <b>Husky House</b>	License No. <b>Expired 6/30/17</b>	Date of Inspection <b>7/19/17</b>
Address of Facility <b>391 Rt 34 Matawan, 07747</b>	Time Began <b>10:30 AM</b>	Time Completed <b>2:10 PM</b>
County/ Municipality <b>Middlesex / Old Bridge</b>	Inspecting Organization <b>Middlesex County HNH and New Jersey Dpt of Health</b>	
Name of Inspecting Official(s) <b>Victoria Ottersen and Linda Freese</b>		Telephone Number <b>732-721-5600 # 609-826-4872</b>
Type of Establishment <input checked="" type="checkbox"/> Kennel <input type="checkbox"/> Pet Shop	Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Reinspection	Result of Inspection <input type="checkbox"/> Satisfactory <input type="checkbox"/> Conditional A <input type="checkbox"/> Unsatisfactory <input checked="" type="checkbox"/> Conditional B

**This inspection is based on N.J.A.C. 8:23A-1 "Animal Facility Operation" promulgated under the authority of N.J.S.A. 4:19-15.14. ("X" indicates a violation)**

**N.J.A.C. 8:23A**

**1.2 - COMPLIANCE**

- b. Certificate of local inspection
- d. Fire inspection
- c. Plan review, if applicable

**1.3 - FACILITIES (GENERAL)**

- a. General housing condition
- b. Electric power/water test
- c. Storage of food and/or bedding *(Suggested storing food on shelves)*
- d. Disposal of waste and/or carcasses
- e. Facilities for caretaker's cleanliness
- f. Premises (buildings and grounds)

**1.4 - FACILITIES (INDOOR)**

- a. Indoor facilities/acclimation certificate not provided
- b. Heating
- c. Ventilation
- d&e. Lighting
- f. Interior surfaces not impervious to moisture
- g. Drainage

**1.5 - FACILITIES (OUTDOOR)**

- a,b,&c. Protection from weather elements
- d. Drainage
- e. Outdoor enclosure surfaces/disposal of run off

**1.6 - PRIMARY ENCLOSURES**

- a. Primary enclosure requirements
- b,g,&h. Enclosure size/litter receptacle/exercise
- c. Segregation of animals
- d. Disinfection between inhabitants
- e. Isolating contagious animals
- f. Flooring
- i. Suspect rabid animal caging
- j. Tethering in lieu of primary enclosures

**1.7 - FEEDING AND WATERING**

- a&c. Feeding frequency
- b. Food quality
- d. Location of food receptacles
- e,f,&g. Food receptacles
- h. Potable water/water receptacles

**1.8 - SANITATION**

- a. Removal of excreta/protection of animals during cleaning
- b. Frequency of cleaning
- c. Disinfection practices
- d. Condition of buildings/grounds
- e. Pest control

**N.J.A.C. 8:23A SECTIONS (CONTINUED)**

**1.9 - DISEASE CONTROL**

- a. Disease control and health care program established and maintained by a veterinarian:  
Dr. Doug Cotler
- b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting
- d. Observation of animals/treatment of injury or illness/ stress remediation
- e,k,&l. Handling of rabies suspects
- f. Isolation of animals with communicable disease
- g,h,&i. Isolation rooms
- m&n. Fact sheets/noncompliance of ordered quarantine

**1.10 - HOLDING AND RECLAIMING ANIMALS**

- a.  1. Seven day stray holding period
- 1-4. Rabies holding period/rabies testing protocol
- 5-6. Elective euthanasia
- b. Facility Sign
- b.  1-5. Public access
- 6-7. Notification of unlicensed dog/impoundment

**1.11 - EUTHANASIA**

- a&b. Pre-euthanasia handling/sedation
- c&d. Method of euthanasia
- e. Persons administering euthanasia
- f. Euthanasia protocol
- g. Assessment of animals after euthanasia

**1.12 - TRANSPORTATION**

- a&b. Vehicle requirements
- c,e,&f. Primary enclosures
- d. Animal segregation
- g. Sanitation of enclosures
- h. Emergency veterinary care
- i. Temporary holding facilities

**1.13 - RECORDS AND ADMINISTRATION**

- a,c,&d. Record keeping
- b. Records not kept on premise
- e. Change in facility status

**NJAC 8:23-1 THROUGH 3**

- 1.1 Importation of dogs; certification requirements
- 1.2 Reporting of known or suspect rabid animal
- 1.3 Transportation of confined animals
- 1.4 Quarantine, testing and transportation of pet birds
- 1.5 Records of pet birds
- 2.1 Sale of turtle eggs/live turtles
- 3.1 Transportation of animals by ACOs

NUMBER OF ANIMALS AT THE FACILITY (List species and numbers)							
Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	47 +	4 puppies					
Cats							

Signature of Owner, Operator or Representative <b>X Refused to sign 7/20/17</b>	Signature of Inspecting Official(s) <b>Linda Freese</b>
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**CONTINUATION SHEET**  
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) Husky House 391 Rt 34		DATE 7/17/17
MUNICIPALITY Old Bridge		TEL., CODE or ID NO.

ITEM NO.	REMARKS
A-1.2	(b) The inspection report posted was dated 3/27/13. A certificate of inspection, issued for the current licensing year by the local health authority, shall be prominently displayed at the facility in an area visible to the public.
A-1.2(c)	Facility did not undergo plan review and approval by local health authority prior to operating.
A-1.2(d)	Fire inspection conducted on 6/1/15 and expired 2/26/16.
A-1.3(a)	Housing facility not maintained in good repair. All enclosures have cracks and crevices that are unable to be sanitized; protruding wires; rusted chain link fencing; wire fencing; and unsealed wood.
A-1.3(c)	Food currently stored on plastic dog resting benches up against the wall. Suggested storing food on moveable wire shelving to allow easy access for cleaning under and behind stored food.
A-1.3(e)	Overgrowth of vegetation along the perimeter fence on the left side of the building (neighbor's trees) needs to be trimmed. Wasps were viewed entering the soffit at the employee entrance. Several areas of storage, including the area between the shed and the outdoor enclosure that contains an accumulation of leaves, dirt, and unused lumber that has been there since the facility opened, need to be cleaned to prevent rodent harborage.

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Linda Fusese  
MS-5  
Revised 1/95

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

Refused to sign 7/20/17

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(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <b>Husky House</b>	DATE <b>7/19/17</b>
MUNICIPALITY <b>Old Bridge</b>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
A-1.4(f)	<p>The concrete surfaces of the primary enclosures as well as all wood surfaces within the primary enclosures were not impervious to moisture and were not able to be readily cleaned. There were several holes chewed through walls throughout the facility &amp; clawed doors &amp; door jambs. Building surfaces including floors, walls and doors need to be repaired and sealed so that they are impervious to moisture and may be readily cleaned. <span style="border: 1px solid black; padding: 2px;">chewed shelving various surfaces.</span></p>
A-1.4(g)	<p>Drains throughout the facility were in severe disrepair and in need of repair. Drains do not flow properly (trough drains) and there was standing runoff in indoor and outdoor drains.</p>
A-1.5(e)	<p>The surfaces of <sup>outdoor</sup> <del>primary</del> enclosures located behind the building contain gravel. This area was said to be used only for exercise of animals, but enclosure contained feces and several areas of deeply dug holes. <del>are</del> There are several areas where the lining for the gravel is exposed &amp; shredded and in disrepair. There was urine odors and areas of exposed mud. These surfaces cannot be easily cleaned and disinfected.</p> <p>The outdoor enclosure on the left side of the building has concrete which is in disrepair and therefore cannot be readily cleaned and disinfected. These outdoor concrete surfaces need to be sealed so they are impervious to moisture. The area where the shed was removed contains dirt where dogs were defecating. This area cannot be</p>

SIGNATURE OF INDIVIDUAL COMPLETING FORM

*Linda Thore*

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

Refused to sign 7/20/17

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NAME (Individual, Facility, Establishment, etc.) Husky House 391 Rt 34	DATE 7/19/17
MUNICIPALITY Old Bridge	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	recently cleaned and <del>sanitized</del> <sup>disinfected</sup> .
A1.6(a) 7, 4, 2	Primary enclosures contain areas of protruding wires, unsealed wood and unsealed concrete.
A1.6(e)	Facility <del>does</del> not have <sup>separate</sup> isolation room in accordance with N.J.A.C. 8:23A-1.9(b) through (f).
A1.8(c)	Cages and floors are not being cleaned with a detergent before being disinfected. Many enclosures contained a greasy film from the dogs that must be removed prior to disinfection to allow for complete disinfection of all surfaces.  There was an accumulation of hair at the bottom of the chain link doors on all enclosures which was said by owner to be removed once a week. All areas of enclosures are required to be thoroughly <sup>cleaned</sup> , including hair and greasy residue, daily.
A1.8(d)	All building surfaces indoor and out including doors, door frames, floors and walls need to be thoroughly scrubbed to remove the accumulation of black greasy residue as well as dirt and cobwebs.
A1.9(a)	The facility has a supervising veterinarian, but there was no written disease control and adequate health care program established under the supervision and assistance of a veterinarian.  There were no records indicating that the supervising

SIGNATURE OF INDIVIDUAL COMPLETING FORM Linda [Signature]	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED Refused to sign 7/20/17
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(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) Husky House 391 R+34		DATE 7/19/17
MUNICIPALITY Old Bridge		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<p>veterinarian had visited the facility, but the owner indicated that the Supervising veterinarian was at the facility approximately 6 months ago. The owner stated that an animal hospital located in Totowa supplied the veterinary license number to order prescription medications (Metronidazole). There were several large bottles of medications without prescription labels including doxycycline, Rimadyl, and metronidazole. Prescription medications require prescribing labels with instructions for use by a licensed veterinarian.</p>
A1.9(g)	<p>The facility had an isolation area which was said to be used for animals exhibiting <sup>signs</sup> <del>diseases</del> of communicable diseases, but this area contained healthy animals. There was no room located on the premises that is only used for the segregation of animals exhibiting signs of communicable diseases. The isolation <del>area</del> shall be a separate room (with ceiling to floor walls and door) and not used for any other purpose other than the segregation of animals with signs of a communicable disease.</p>
A1.10(b)	<p>There were no posted hours of operation. Facility is required to be open two hours each business day (Mon-Fri) and two hours on Saturday or Sunday.</p>

NOTE: Transport vehicle was not inspected during inspection.

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Linda Marie</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED Refused to sign 7/20/17
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MUNICIPALITY Old Bridge	TEL., CODE or ID NO.

ITEM NO.	REMARKS
A1.13(6)	There were <del>no</del> intake records stating the date the animal was received <sup>nor</sup> the name and address from whom acquired. Disposition records were available.
B.23-1.1	There were several importation certificates missing and not available for inspection.  Examples: <u>Relic</u> : The importation certification from Tennessee shows destination as Kentucky (cert # 426781 issued 6/8/17). <del>The</del> <del>was</del> <del>no</del> <del>certification</del> Kentucky <del>Rescue</del> group name was crossed out and Husky House was written in, but address remained Kentucky. <u>Blangitafind Sasha</u> : The dogs were transported from Hamstead, NY. There was no importation certification. There appeared to be a vet exam dated 7/5/17, but this document did not state that the dog is free from rabies and other communicable disease and has not recently been exposed to any such disease as required on the importation certificate. <u>Feko</u> : The dog was transported from Animal Care Centers of NYC. There was no health certification for import available for review.

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Linda Rose</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED Refused to sign 7/20/17
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