NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF ANIMAL INDUSTRY
10B AIRLINE DRIVE, ALBANY, NY 12235



# MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory182** Purpose: **Inspection**

DATE/TOA: **12/20/23 2:45 pm**

**CITY OF OSWEGO ANIMAL SHELTER**
**621 E SENECA STREET**
**OSWEGO NY 13126**

Inspector #: **71**
Inspector #: **64**

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** | Yes |

Town - City - Village Information for Inspection:

| TCV CODE | TCV NAME |
|---|---|
| 3505 | Town of Granby |
| 3506 | Town of Hannibal |
| 3508 | Town of Mexico |
| 3512 | Town of Oswego |
| 3514 | Town of Parish |
| 3516 | Town of Richland |
| 3517 | Town of Sandy Creek |
| 3519 | Town of Scriba |
| 3523 | City of Fulton |
| 3524 | City of Oswego |
| 3509 | Town of Minetto |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Carrie Anderson**
TITLE: **ACO**

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **12/21/2023**