

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory30**

Purpose: **Complaint Inspection**

DATE/TOA: **1/3/24 12:00 pm**

Ed Holland & Nancy Quell
Animal Safe-Home & Rehabilitation, LLC
298 Ferguson Road
Cossayuna NY 12823

Inspector #: **069**

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 |
| <i>Electricity to the facility has been temporarily turned off. Portable lighting is being used in the interim.</i> | |
| 7. Ventilation is adequate | Yes |
| 8. Drainage is adequate | Yes |
| 9. Temperature extremes are avoided | Yes |
| <i>Electricity to the facility has been temporarily turned off. Portable heating sources are being used in the interim.</i> | |
| 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
5301	Town of Argyle
5302	Town of Cambridge
5307	Town of Granville
5309	Town of Hampton
5310	Town of Hartford
5311	Town of Hebron
3805	Town of Hoosick
5315	Town of Salem
3812	Town of Schaghticoke
5316	Town of White Creek
5312	Town of Jackson
3809	Town of Pittstown
3817	Village of Hoosick Falls

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Shelter Staff**

Michael Holland

REVIEWED BY: **Inspector #: 58**
REVIEWED DATE: **01/04/2024**