

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **12/22/23 12:00 pm**

**YATES CO. DOG SHELTER
 1216 STATE RTE. 14A
 PENN YAN NY 14527**

Inspector #: **070**

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

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

Town - City - Village Information for Inspection:

| TCV CODE | TCV NAME |
|-----------------|--------------------|
| 5701 | Town of Barrington |
| 5703 | Town of Italy |
| 5704 | Town of Jerusalem |
| 5705 | Town of Middlesex |
| 5706 | Town of Milo |
| 5707 | Town of Potter |
| 5709 | Town of Torrey |
| 5702 | Town of Benton |
| 5708 | Town of Starkey |

REMARKS:

Contract emailed to inspector by Officer Morris. No Physical inspection performed.

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

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **01/08/2024**