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: **Pending**

Purpose: **Inspection**

DATE/TOA: **2/1/24 10:15 am**

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	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	Not Applicable

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:

Unable to conduct inspection.

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

REVIEWED BY: **Inspector #: 58**
REVIEWED DATE: **02/05/2024**