

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **1/5/12 3:30 pm**

**WILSON DOG SHELTER
 3356 CAMBRIA-WILSON ROAD
 WILSON NY 14172**

Inspector #: **56**

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 |
| <i>Heat lamps are used in low temperatures.</i> | |
| 10. Clean food and water is available and in ample amount | Yes |
| 11. Veterinary care is provided when necessary | Yes |
| <i>Wright's Corners Animal Hospital would provide services. A sick or injured dog must be provided with prompt and appropriate care as directed by a veterinarian. The animal must be maintained in a state of comfort for the duration of the redemption period. If euthanasia is warranted during the redemption period, a written veterinarian statement of their findings must be on file.</i> | |
| 12. Dogs are euthanized humanely, by authorized personnel | Yes |
| <i>Wright's Corners Animal Hospital or The SPCA Serving Erie County would provide this service.</i> | |
| 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 |
| <i>Dogs are transferred to The SPCA Serving Erie County.</i> | |
| 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 | Not Applicable |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
2912	Town of Wilson

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Stan Culverwell**
TITLE: **DCO**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **01/10/2012**