

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory60**

Purpose: **Inspection**

DATE/TOA: **1/21/10 11:00 am**

**ANIMAL SHELTER OF SCHOHARIE VLY
 304 HOWES CAVE ROAD
 HOWES CAVE NY 12092**

Inspector #: **50**

Inspector #: **54**

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

A. Standards of Care

- | | |
|---|-----|
| 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. Temperature extremes are avoided | Yes |
| 9. Clean food and water is available and in ample amount | Yes |
| 10. Veterinary care is provided when necessary | Yes |
| 11. Dogs are euthanized humanely, by authorized personnel | Yes |
| 12. Outdoor shelter complies with Article 26 | Yes |

B. Records

- | | |
|---|----------------|
| 1. DL-18 Seizure Report is on file for all impounded dogs | Yes |
| 2. Holding period is observed before adoption or euthanasia | Yes |
| 3. All dogs are licensed before release | No |
| <i>ALL DOGS WERE NOT LICENSED BEFORE RELEASE FROM SHELTER</i> | |
| 4. Impound fee paid before dog is released | No |
| <i>SHELTER IS COLLECTING IMPOUND FEES THAT ARE NOT SET BY ARTICLE 7 OR BY LOCAL LAW</i> | |
| 5. Written contract or lease with municipality | Yes |
| 6. Bond is current, updates sent to Ag & Mkts | Not Applicable |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
4306	Town of Esperance
4301	Town of Blenheim
4302	Town of Broome
4303	Town of Carlisle
4304	Town of Cobleskill
4308	Town of Gilboa
4310	Town of Middleburgh
4311	Town of Richmondville
4305	Town of Conesville
4312	Town of Schoharie
4313	Town of Seward
4314	Town of Sharon
4316	Town of Wright
4307	Town of Fulton
4309	Town of Jefferson

REMARKS:

SHELTER MUST PROVIDE DL-18'S TO DCO WHEN DISPOSITION IS COMPLETE

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **OFFICE MANAGER**

LEONA BUSHKY

REVIEWED BY:
REVIEWED DATE: **02/04/2010**