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: **Satisfactory365** Purpose: **Inspection**

DATE/TOA: **1/9/12 12:15 pm**

FREDONIA ANIMAL HOSPITAL
10049 Rte. 60
FREDONIA NY 14063

Inspector #: **19**

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
Kennel-Sol	
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
10. Clean food and water is available and in ample amount	Yes
2 times daily	
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
North Chautauqua Canine Rescue Inc.	
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
Dog release is issued by town or village clerk for shelter verification.	
18. Proper impoundment fees paid before dogs are released	Yes
Handled by Town or Village Clerk	
19. Written contract or lease with municipality	Yes
Current document is an "agreement"; a lease agreement should be in place	

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0601	Town of Arkwright
0620	Town of Pomfret

REMARKS:

Also shelters for Village of Fredonia

REPRESENTATIVE PRESENT FOR INSPECTION: **Jon Redfield DVM**
TITLE: **Practice owner**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **01/11/2012**