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: **7/26/24 11:45 am**

**Animal Shelter of Schoharie Valley**
**304 Howes Cave Road**
**Howes Cave NY 12092**

Inspector #: **847**

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 |
| **10. Clean food and water is available and in ample amount** | Yes |
| **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 |
| **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** | Yes |

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 |
| 4308 | Town of Gilboa |
| 4310 | Town of Middleburgh |
| 4305 | Town of Conesville |
| 4312 | Town of Schoharie |
| 4316 | Town of Wright |
| 4307 | Town of Fulton |
| 4309 | Town of Jefferson |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Maggie Jackman Pryor**
TITLE: **Executive Director**

REVIEWED BY: **Inspector #: 58**
REVIEWED DATE: **07/28/2024**