

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **10/2/24 4:15 pm**

**Town of North Elba Municipal Shelter
Amberly Rounds and Chris Fadden
5670 Cascade Road
Lake Placid NY 12946**

Inspector #: **65**

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 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
DCOs are responsible for owner notification
- 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
The facility is municipally-owned

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
1511	Town of North Elba
1519	Village of Lake Placid

REMARKS:

Records are handled on DCO inspections

REPRESENTATIVE PRESENT FOR INSPECTION: **Amberly Rounds**
TITLE: **DCO**

REVIEWED BY: **Inspector #: 58**
REVIEWED DATE: **10/04/2024**