

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Pending**

Purpose: **Inspection**

DATE/TOA: **10/7/24 11:45 am**

**Potsdam Humane Society
 17 Madrid Avenue
 Potsdam NY 13676**

Inspector #: **65**

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

1. Shelter is structurally sound	Not Applicable
2. Housing area and equipment is sanitized regularly	Not Applicable
3. Repairs are done when necessary	Not Applicable
4. Dogs are handled safely	Not Applicable
5. Adequate space is available for all dogs	Not Applicable
6. Light is sufficient for observation	Not Applicable
7. Ventilation is adequate	Not Applicable
8. Drainage is adequate	Not Applicable
9. Temperature extremes are avoided	Not Applicable
10. Clean food and water is available and in ample amount	Not Applicable
11. Veterinary care is provided when necessary	Not Applicable
12. Dogs are euthanized humanely, by authorized personnel	Not Applicable
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
<i>DCOs are responsible for owner notification</i>	
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

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
4009	Town of Fine
4001	Town of Brasher
4004	Town of Clifton
4005	Town of Colton
4014	Town of Hopkinton
4024	Town of Parishville
4026	Town of Pierrepont
4028	Town of Potsdam
4031	Town of Stockholm
1618	Town of Waverly
4015	Town of Lawrence

REMARKS:

Shelter closed-inspector stopped in to meet newly-hired shelter director to explain AGM DCO/shelter role and set appointment for training on 10/21/24. Emailed new DCO/shelter information packet.

REPRESENTATIVE PRESENT FOR INSPECTION: Victoria Murray
TITLE: Shelter Director

REVIEWED BY: Inspector #: 58
REVIEWED DATE: 10/08/2024