

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **10/15/24 1:00 pm**

**Eagles Nest Veterinary Hospital
 Dr. Erik Eaglefeather
 34 Skyway Plaza #2
 Plattsburgh NY 12901**

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 | 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 | Not Applicable |
| <i>DCOs are responsible for owner notifications</i> | |
| 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
0902	Town of Ausable
0903	Town of Beekmantown
0904	Town of Black Brook
0906	Town of Chazy
0912	Town of Plattsburgh
0914	Town of Schuyler Falls
0915	City of Plattsburgh

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Owner**

Dr. Rebecca King

REVIEWED BY: **Inspector #: 58**
REVIEWED DATE: **10/22/2024**