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: **Unsatisfactory30** Purpose: **Inspection**

DATE/TOA: **10/30/24 12:45 pm**

Kelly Thornton
118 Franklin St.
Sherman NY 14781

Inspector #: **074**

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	No
Strong ammonia smell present in kennel area; no adequate ventilation system in place.	
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
0612	Town of French Creek
0605	Town of Chautauqua
0617	Town of Mina
0622	Town of Ripley
0607	Town of Clymer
0624	Town of Sherman

REMARKS:

There was a strong urine/ammonia odor upon entering the shelter. Adequate ventilation is necessary to provide a healthy environment and comfortable temperatures to prevent an accumulation of moisture and noxious gases. The ability to control odors in a housing area depends not only on sanitary practices and the number of animals housed, but also on an effective ventilation system.

REPRESENTATIVE PRESENT FOR INSPECTION: **Kelly Thornton**
TITLE: **DCO/Owner**

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **10/31/2024**