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: **Pending**

Purpose: **Inspection**

DATE/TOA: **10/31/24 11:15 am**

ORLEANS COUNTY ANIMAL SHELTER
4125 RT 98
ALBION NY 14411

Inspector #: **72**

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
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
3405	Town of Gaines
3401	Town of Albion
3403	Town of Carlton
3404	Town of Clarendon
3406	Town of Kendall
3410	Town of Yates
3412	Village of Albion
3409	Town of Shelby
3402	Town of Barre
3407	Town of Murray
3408	Town of Ridgeway

REMARKS:

1st inspection attempt, unable to conduct. No one at the shelter at the time of arrival. Reached out to DCO Houseman and he was in a meeting.

REPRESENTATIVE PRESENT FOR INSPECTION: **N/A**
TITLE: **N/A**

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