

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **1/6/24 1:00 pm**

**CAMILLUS DOG SHELTER
MILTON AVE HIGHWAY DEPT
CAMILLUS NY 13031**

Inspector #: **71**

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 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 Not Applicable
- Town owned shelter.*

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3101	Town of Camillus

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Meilssa Mariano**
TITLE: **DCO**

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **01/14/2025**