

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **3/5/25 12:00 pm****FINGER LAKES SPCA INC.  
72 CAMERON ST  
BATH NY 14810**Inspector #: **075**

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

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| <b>1. Shelter is structurally sound</b>  | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>  | Yes |
| <b>3. Repairs are done when necessary</b>  | No  |
| <i>Exposed rust and untreated/cracked concrete in need of repair.</i>  |     |
| <b>4. Dogs are handled safely</b>  | Yes |
| <b>5. Adequate space is available for all dogs</b>   | Yes |
| <b>6. Light is sufficient for observation</b>  | Yes |
| <b>7. Ventilation is adequate</b>  | Yes |
| <b>8. Drainage is adequate</b>   | Yes |
| <b>9. Temperature extremes are avoided</b>   | Yes |
| <b>10. Clean food and water is available and in ample amount</b>   | No  |
| <i>Large amount of dog food bags stored on floor. Containers for open dog food have lids, however lids not in use at time of inspection. Open packages of treat/bones not stored in sealed containers. Dog food/treats/bones must be stored in a manner to prevent contamination by rodents or cleaning products or to prevent spoilage.</i> |     |
| <b>11. Veterinary care is provided when necessary</b>  | Yes |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>   | Yes |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>  | No  |
| <i>Multiple records incomplete.</i>  |     |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>  | Yes |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>   | Yes |
| <b>16. Owners of identified dogs are properly notified</b>   | Yes |
| <b>17. Redeemed dogs are licensed before release</b>   | Yes |
| <b>18. Proper impoundment fees paid before dogs are released</b>   | Yes |
| <b>19. Written contract or lease with municipality</b>   | No  |
| <i>Municipal contracts unavailable for review.</i>   |     |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
4604	Town of Bradford

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:  
TITLE: **Shelter Manager**

**Kayla Robbins-Giardina**

REVIEWED BY:  
REVIEWED DATE:

**Inspector #: 64**  
**03/25/2025**