

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **7/11/25 1:30 pm**

**EDEN VETERINARY CLINIC, PLLC
 8217 N MAIN STREET
 EDEN NY 14057**

Inspector #: **79**

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	Yes

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
1411	Town of Eden
1413	Town of Evans
1405	Town of Brant
1415	Town of Hamburg
0614	Town of Hanover
1420	Town of North Collins
1404	Town of Boston
0636	Village of Silver Creek

REMARKS:

No physical inspection performed at this time. The previous inspection was rated as unsatisfactory only due to not providing a copy of a written contract with the Town of Hamburg at the time of inspection. Copies of the current contract for municipal shelter services between the Eden Veterinary Clinic and all municipalities have now been provided.

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

REVIEWED BY: Inspector #: 074
REVIEWED DATE: 07/14/2025