

MUNICIPAL SHELTER INSPECTION REPORT - DL-90Rating: **Satisfactory182**Purpose: **Inspection**DATE/TOA: **8/18/25 10:00 am****Karlie Meli-Wischman
2063 Route 83
Forestville NY 14062**Inspector #: **85**
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	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	Yes

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0601	Town of Arkwright
0626	Town of Villenova

REMARKS:

Discussed that records must be complete at the time of inspection. This often is accomplished by communication between the municipal offices, the contracted shelter and the DCO. According to Article 7, Section 113.4, every dog control officer, peace officer, when acting pursuant to his special duties or police officer shall PROMPTLY make and maintain a complete record of any SEIZURE and subsequent disposition of any dog. Such record shall include, but not be limited to, a description of the dog, the date and hour of seizure, the official identification number of such dog, if any, the location where seized, the reason for seizure, and the owner's name and address, if known.

REPRESENTATIVE PRESENT FOR INSPECTION: **Karlie Meli-Wischman**
TITLE: **DCO**

REVIEWED BY: **Inspector #: 074**
REVIEWED DATE: **08/21/2025**