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: Satisfactory182

Purpose: Complaint Inspection

DATE/TOA: 3/7/12 12:10 pm

SPCA IN CATTARAUGUS COUNTY INC 2944 STATE RTE 16 / HINSDALE-OLEA **OLEAN NY 14760**

I hese are the findings of an inspection of your facility of	
1. Shelter is structurally sound	Yes
2. Housing area and equipment is sanitized regularly	Yes
3. Repairs are done when necessary	Yes
Work is continuing on repairing chain link and frame work o to have the roof on the building replaced this summer.	f cage fronts that are rusted and or broken. Plans are
There has been a rodent problem at the shelter this winter. The ceiling in the food storage room is being repaired as during the repairs	-
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
A furnace pump was not working for two weeks from r non-operating pump, there was no direct heat source in the far back kennel area. Fans were used to direct warm air and other heated areas of the building. The pump was repaired b	areas known as the back section one kennel and the to those sections of the building from the furnace room

11. Veterinary care is provided when necessaryYes12. Dogs are euthanized humanely, by authorized personnelYes13. Complete intake and disposition records are maintained for all seized dogsYes14. Dogs transferred for purposes of adoption in compliance with Article 7Not Applicable15. Redemption period is observed before adoption, euthanasia or transferYes16. Owners of identified dogs are properly notifiedYes	
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16. Owners of identified dogs are properly notified Yes	
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17. Redeemed dogs are licensed before releaseYes	
18. Proper impoundment fees paid before dogs are releasedYes	
19. Written contract or lease with municipalityYes	

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Inspector #: 14 Inspector #: 815

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

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0435	Village of Ellicottville
0423	Town of Olean
0429	Town of Red House
0433	City of Olean

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: TITLE: **DCO** Phil Barrett

REVIEWED BY: REVIEWED DATE: 03/09/2012