

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **12/3/25 4:15 pm****ALMOND MUNICIPAL SHELTER**
3 MARVIN LANE
ALMOND NY 14804Inspector #: **86**
Inspector #: **64**

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	No
<i>Incomplete records, missing disposition for two of three reports</i>	
14. Dogs transferred for purposes of adoption in compliance with Article 7	No
<i>Unable to determine due to incomplete records</i>	
15. Redemption period is observed before adoption, euthanasia or transfer	No
<i>Unable to determine due to incomplete records</i>	
16. Owners of identified dogs are properly notified	Yes
17. Redeemed dogs are licensed before release	No
<i>Unable to determine due to incomplete records</i>	
18. Proper impoundment fees paid before dogs are released	No
<i>Unable to determine due to incomplete records</i>	
19. Written contract or lease with municipality	No
<i>No contact available for town of Alfred at time of inspection</i>	

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0201	Town of Alfred
0204	Town of Almond

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:

TITLE: **Highway Superintendent****Jamie Mansfield**

REVIEWED BY:

Inspector #: 64

REVIEWED DATE:

12/12/2025