

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: 12/17/25 9:30 am

City of Johnstown Municipal Shelter  
33-41 East Main Street  
Johnstown NY 12095

Inspector #: 069

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 | 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                                | Not Applicable |

Shelter is owned and operated by the municipality.

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
1705	Town of Johnstown

REMARKS:  
N/A = Handled by DCO Walker

REPRESENTATIVE PRESENT FOR INSPECTION: Kim Walker

TITLE: DCO

REVIEWED BY: Inspector #: 58

REVIEWED DATE: 12/31/2025