

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **4/7/26 11:00 am**

**Orleans County Animal Shelter
 4125 RT 98
 ALBION NY 14411**

Inspector #: **72**

Inspector #: **85**

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 | No |
| <i>Multiple kennels have missing grout and chewed wood around the guillotine doors.</i> | |
| 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
3401	Town of Albion
3402	Town of Barre
3403	Town of Carlton
3404	Town of Clarendon
3405	Town of Gaines
3406	Town of Kendall
3407	Town of Murray
3408	Town of Ridgeway
3409	Town of Shelby
3410	Town of Yates
3412	Village of Albion
3413	Village of Holley

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Animal Control Officer**

Kathy Smith

REVIEWED BY: **Inspector #: 074**
REVIEWED DATE: **04/08/2026**