

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **4/23/26 2:00 pm**

**Add-En On Boarding Kennels
112 Pond Rd
Honeoye Falls NY 14472**

Inspector #: **72**

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
Dogs labeled with IDs #0702, 0824 and #1029 have incomplete records.
- 14. Dogs transferred for purposes of adoption in compliance with Article 7 No
Dogs labeled with IDs #0702, 0824 and #1029 do not indicate where transferred.
- 15. Redemption period is observed before adoption, euthanasia or transfer No
Dogs labeled with IDs #0702, 0824 and #1029 do not indicate date transferred.
- 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

2609 Town of Mendon

REMARKS:

Must have a complete record of the disposition of each dog seizure.

REPRESENTATIVE PRESENT FOR INSPECTION: **Adam Fogel**
TITLE: **Manager**

REVIEWED BY: **Inspector #: 833**
REVIEWED DATE: **05/12/2026**