

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory182**Purpose: **Inspection**DATE/TOA: **11/8/12 1:10 pm**

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

Inspector #: **14**


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

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| <b>1. Shelter is structurally sound</b>  | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>  | Yes |
| <b>3. Repairs are done when necessary</b>  | Yes |
| <i>Roof is being totally replaced the end of November. Patching has been done to stop any previous leakage. Continued replacement of the bottoms of kennels that are rusted is warranted. Door sill of outside door in feed room needs repair.</i> |     |
| <b>4. Dogs are handled safely</b>  | Yes |
| <b>5. Adequate space is available for all dogs</b>   | Yes |
| <b>6. Light is sufficient for observation</b>  | Yes |
| <b>7. Ventilation is adequate</b>  | Yes |
| <b>8. Drainage is adequate</b>   | Yes |
| <b>9. Temperature extremes are avoided</b>   | Yes |
| <b>10. Clean food and water is available and in ample amount</b>   | Yes |
| <b>11. Veterinary care is provided when necessary</b>  | Yes |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>   | Yes |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>  | Yes |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>  | Yes |
| <i>Make sure transfer dates appear on seizure / disposition records</i>  |     |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>   | Yes |
| <b>16. Owners of identified dogs are properly notified</b>   | Yes |
| <b>17. Redeemed dogs are licensed before release</b>   | Yes |
| <b>18. Proper impoundment fees paid before dogs are released</b>   | Yes |
| <i>State fees as outlined in Article 7 are used. Make sure all shelter staff is familiar with appropriate fee schedule.</i>  |     |
| <b>19. Written contract or lease with municipality</b>   | Yes |

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Town - City - Village Information for Inspection:

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<u>TCV CODE</u>	<u>TCV NAME</u>
0435	Village of Ellicottville
0423	Town of Olean
0429	Town of Red House
0433	City of Olean

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:  
TITLE: **Shelter Manager**

**Alicia Jaskolka**

REVIEWED BY:  
REVIEWED DATE: **11/14/2012**