

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **6/2/10 11:00 am**

**GENESEE MUNICIPAL SHELTER
 PO BOX 52 /661 CO RD 5
 LITTLE GENESEE NY 14754**

Inspector #: **19**

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

A. Standards of Care

- | | |
|--|-----|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly <i>Bleach</i> | 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. Temperature extremes are avoided <i>Electric space heater</i> | Yes |
| 9. Clean food and water is available and in ample amount | Yes |
| 10. Veterinary care is provided when necessary <i>Dr Rasey</i> | Yes |
| 11. Dogs are euthanized humanely, by authorized personnel <i>Dr Rasey</i> | Yes |
| 12. Outdoor shelter complies with Article 26 | Yes |

B. Records

- | | |
|---|----------------|
| 1. DL-18 Seizure Report is on file for all impounded dogs | Yes |
| 2. Holding period is observed before adoption or euthanasia | Yes |
| 3. All dogs are licensed before release | Yes |
| 4. Impound fee paid before dog is released | Yes |
| 5. Written contract or lease with municipality | Not Applicable |
| 6. Bond is current, updates sent to Ag & Mkts | Not Applicable |

Town - City - Village Information for Inspection:

| <u>TCV CODE</u> | <u>TCV NAME</u> |
|-----------------|-----------------|
| 0217 | Town of Genesee |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Gary Wagner**
TITLE: **DCO/Shelter Manager**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **06/07/2010**