NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF ANIMAL INDUSTRY
10B AIRLINE DRIVE, ALBANY, NY 12235

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory91** Purpose: **Inspection**

DATE/TOA: **12/6/12 1:00 pm**

NIAGARA CO SPCA
2100 LOCKPORT RD
NIAGARA FALLS NY 14304

Inspector #: **56**

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 No

A stale urine odor was noticeable upon entry into the facility and became stronger in the kennel area housing adoptable dogs even though all kennel areas had recently been hosed down. The odor was not noticeable in some other rooms of the shelter. The conditions and sanitizing protocol of the facility were discussed with shelter staff. It was determined that the odor is more noticeable in cold weather when the shelter dos not utilize natural ventilation by opening the overhead doors that enclose the kennel areas. It is recommended that the ventilation system be assessed for adequacy. At least 10 to 15 air changes per hour are recommended to control odors. If walls and floors remain damp after cleaning is completed, that is an indication that the ventilation system is inadequate.

8. Drainage is adequate Yes

The drains in the dog kennel areas should be maintained so as to minimize foul odors. It was not determined that the drains contributed to the urine odor detected in the facility but it is recommended they be checked for adequacy.

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

Dr. Persico or Grand Island Animal Hospital provides this service.

12. Dogs are euthanized humanely, by authorized personnel Yes

Dr. Persico, Grand Island Animal Hospital or LVT Brittany Anderson provides this service. Euthanasia Certificate #00708, expiring 6/26/15 and issued by the NYS Health Department to LVT Anderson, is on file.

13. Complete intake and disposition records are maintained for all seized dogs No

Due to a turnover of staff, the records from June and July of 2012 were incomplete. Paperwork was filed in a manner that allowed for documents to be separated and could not be found at the time of inspection. The required seizure and disposition records were discussed with the new receptionist.

The computer program Pet Point does not allow for a dog license or impound fee to be recorded. That information was found on hard copy documents.

14. Dogs transferred for purposes of adoption in compliance with Article 7 Yes

15. Redemption period is observed before adoption, euthanasia or transfer Yes

Ill or injured dogs with Shelter ID#s A16349551, A16403225 and A16899527 were euthanized prior to the end of the redemption period. A veterinarian statement of examination and findings is on file for these dogs.

16. Owners of identified dogs are properly notified Yes

17. Redeemed dogs are licensed before release Yes

The shelter does not require a license or impoundment fee upon redemption of dogs in which the public has brought to the shelter. Per section 374.4 of Article 26, these dogs may be redeemed upon proving title to the dog and payment of fees to the shelter to cover costs incurred to care for it. A dog license may not necessarily be the document that proves title to the dog. Director Lewis has informed the contracted with municipalities that in these cases dogs may be redeemed without first being licensed.

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
2904	Town of Lockport
2913	City of Lockport
2905	Town of Newfane
2906	Town of Niagara
2908	Town of Porter
2901	Town of Cambria
2911	Town of Wheatfield
2915	City of North Tonawanda
2914	City of Niagara Falls
2907	Town of Pendleton

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Amy Lewis**
TITLE: **Shelter Director**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **12/11/2012**