

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **1/7/13 3:35 pm**

**WILSON DOG SHELTER
3356 CAMBRIA-WILSON ROAD
WILSON NY 14172**

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 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
Wright's Corners Animal Hospital would provide services.
- 12. Dogs are euthanized humanely, by authorized personnel Yes
Wright's Corners Animal Hospital or the SPCA Serving Erie County provides this service.
- 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
Unredeemed dogs are transferred to the SPCA Serving Erie County.
- 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 Not Applicable

Town - City - Village Information for Inspection:

TCV CODE TCV NAME

2912 Town of Wilson

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **DCOs**

Rich and Stan Culverwell

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **01/08/2013**