

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **1/25/13 10:00 am**

**SHELTER ISLAND SHELTER
 PO BOX 970 TOWN HALL 38 N.FER
 SHELTER ISLAND NY 11964**

Inspector #: **59**

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 |

RECORDS MUST INCLUDE:

DATE, TIME, LOCATION OF SEIZURE, NAME OF PERSON THAT SEIZED DOG

*DISPOSITION DETAILS SHALL BE RECORDED AS REDEEMED BY OWNER, ADOPTION, EUTHANASIA OR
 TRANSFER TO AN INCORPORATED HUMANE SOCIETY*

REDEEMTION FEE (IMPOUNDMENT FEE)

DOG LICENSE NUMBER

- | | |
|---|-----|
| 14. Dogs transferred for purposes of adoption in compliance with Article 7 | Yes |
| 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 | No |

NO RECORD OF DOG LICENSE ON PAPERWORK SHOWN AT TIME OF INSPECTION

- | | |
|--|----|
| 18. Proper impoundment fees paid before dogs are released | No |
|--|----|

*NO FEES CHARGED TO OWNERS OF DOGS WITH ID - DOGS ARE DELIVERED TO OWNERS USING
 INFORMATION ON TAG, CHIP OR IF KNOWN TO THE ACO AS PER INSTRUCTION BY PLOICE CHEIF READ*

- | | |
|--|----------------|
| 19. Written contract or lease with municipality | Not Applicable |
|--|----------------|

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
4707	Town of Shelter Island

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **GEORGE BUTTS**
TITLE: **ACO**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **01/28/2013**