

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **2/28/13 10:15 am**

**FREDONIA ANIMAL HOSPITAL**  
**10049 Rte. 60**  
**FREDONIA NY 14063**

Inspector #: **19**


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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><br><i>Kenel-Sol</i>   | Yes            |
| <b>3. Repairs are done when necessary</b>   | Yes            |
| <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><br><i>2 times daily</i>  | 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><br><i>Shelter does not have legal ability to accept "stray" dogs brought in by private citizens; the shelter must instruct the citizens to return the dog to point of pickup and call appropriate municipal DCO</i> | Yes            |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b><br><i>North Chautauqua Canine Rescue Inc</i>  | Yes            |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>  | Yes            |
| <b>16. Owners of identified dogs are properly notified</b><br><i>Handled by DCO</i>   | Not Applicable |
| <b>17. Redeemed dogs are licensed before release</b>  | Yes            |
| <b>18. Proper impoundment fees paid before dogs are released</b><br><i>Handled by Town Clerk</i>  | Yes            |
| <b>19. Written contract or lease with municipality</b><br><i>Lease agreement executed. Expiration November, 28, 2015.</i>   | Yes            |

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Town - City - Village Information for Inspection:

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<u>TCV CODE</u>	<u>TCV NAME</u>
0601	Town of Arkwright
0620	Town of Pomfret

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:  
TITLE: **Hospital Owner**

**John Redfield DVM**

REVIEWED BY: **Inspector #: 14**  
REVIEWED DATE: **03/05/2013**