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: **Satisfactory365** Purpose: **Inspection**

DATE/TOA: **3/20/13 3:30 pm**

HERKIMER COUNTY HS
514 RT 5S
MOHAWK NY 13407

Inspector #: **54**

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

1. Shelter is structurally sound	Not Applicable
2. Housing area and equipment is sanitized regularly	Not Applicable
3. Repairs are done when necessary	Not Applicable
4. Dogs are handled safely	Not Applicable
5. Adequate space is available for all dogs	Not Applicable
6. Light is sufficient for observation	Not Applicable
7. Ventilation is adequate	Not Applicable
8. Drainage is adequate	Not Applicable
9. Temperature extremes are avoided	Not Applicable
10. Clean food and water is available and in ample amount	Not Applicable
11. Veterinary care is provided when necessary	Not Applicable
12. Dogs are euthanized humanely, by authorized personnel	Not Applicable
13. Complete intake and disposition records are maintained for all seized dogs	Not Applicable
14. Dogs transferred for purposes of adoption in compliance with Article 7	Not Applicable
15. Redemption period is observed before adoption, euthanasia or transfer	Not Applicable
16. Owners of identified dogs are properly notified	Not Applicable
17. Redeemed dogs are licensed before release	Not Applicable
18. Proper impoundment fees paid before dogs are released	Not Applicable
19. Written contract or lease with municipality	Yes

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
2104	Town of Frankfort
2102	Town of Danube
2106	Town of Herkimer
2107	Town of Litchfield
2109	Town of Manheim
2112	Town of Ohio
3619	Town of Richfield
2101	Town of Columbia
2114	Town of Salisbury
2116	Town of Stark
2117	Town of Warren
2120	City of Little Falls
2105	Town of German Flatts
2108	Town of Little Falls

REMARKS:

Spoke to Jodi Flo by phone on 3/20/13. Town of Frankfort contract signed, received and accepted by shelter.

REPRESENTATIVE PRESENT FOR INSPECTION: **Jodi Flo/by phone**
TITLE: **board member**

REVIEWED BY:
REVIEWED DATE: **03/25/2013**