

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **4/4/13 10:00 am**

WYOMING COUNTY ANIMAL SHELTER
4380 STATE RTE 19
SILVER SPGS NY 14550

Inspector #: **19**

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
<i>Bleach</i> | 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
<i>Gas Furnace</i> | Yes |
| 10. Clean food and water is available and in ample amount | Yes |
| 11. Veterinary care is provided when necessary
<i>Perry Veterinary Clinic</i> | Yes |
| 12. Dogs are euthanized humanely, by authorized personnel
<i>Perry Veterinary Clinic</i> | Yes |
| 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
<i>Handles own adoptions</i> | Not Applicable |
| 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
<i>\$20 impoundment</i> | Yes |
| 19. Written contract or lease with municipality
<i>All contracts expire 12/31/15</i> | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
5606	Town of Eagle
5607	Town of Gainesville
5608	Town of Genesee Falls
5601	Town of Arcade
5602	Town of Attica
5603	Town of Bennington
5604	Town of Castile
5605	Town of Covington
5609	Town of Java
5610	Town of Middlebury
5611	Town of Orangeville
5612	Town of Perry
5613	Town of Pike
5615	Town of Warsaw
5616	Town of Wethersfield
5614	Town of Sheldon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Asst DCO**

Darlene DeMun

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **04/09/2013**