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: **Satisfactory182** Purpose: **Inspection**

DATE/TOA: **9/17/13 9:45 am**

**PORTVILLE DOG SHELTER**
**1102 OLEAN-PORTVILLE ROAD**
**PORTVILLE NY 14770**

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** | Yes |
| *Bleach* | |
| **3. Repairs are done when necessary** | No |
| *Kennel fencing needs to be replaced or fixed. Entire kennel can be moved back and forth by hand; thereby producing instability and potential for entire kennel falling over on a human or dog.* | |
| **4. Dogs are handled safely** | No |
| *Entire kennel is unstable* | |
| **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 |
| *Space heater* | |
| **10. Clean food and water is available and in ample amount** | Yes |
| **11. Veterinary care is provided when necessary** | Not Applicable |
| *Dr. Rasey* | |
| **12. Dogs are euthanized humanely, by authorized personnel** | Not Applicable |
| *Dr. Rasey* | |
| **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** | Not Applicable |
| **15. Redemption period is observed before adoption, euthanasia or transfer** | Yes |
| **16. Owners of identified dogs are properly notified** | Not Applicable |
| *No identified dogs seized* | |
| **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 |
|---|---|
| 0427 | Town of Portville |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Todd Shaw**
TITLE: **HIghway Superintendent**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **09/19/2013**