NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS DIVISION OF ANIMAL INDUSTRY 10B AIRLINE DRIVE, ALBANY, NY 12235

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

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

Rating: Satisfactory365 Purpose: Inspection

DATE/TOA: 10/4/13 9:50 am

BUFFALO CITY SHELTER 380 NORTH OAK STREET BUFFALO NY 14213 Inspector #: 56

1. Shelter is structurally sound	Yes	
2. Housing area and equipment is sanitized regularly	Yes	
Footbaths have been placed at the doorways of housing areas.		
3. Repairs are done when necessary	Yes	
A repair order is on file to replace dog run panels that have been chewed.		
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	
Buffalo Small Animal Hospital provides services.		
12. Dogs are euthanized humanely, by authorized personnel	Yes	
Buffalo Small Animal Hospital provides this service.		
13. Complete intake and disposition records are maintained for all seized dogs	Yes	
Pet Point records were examined.		
14. Dogs transferred for purposes of adoption in compliance with Article 7	Yes	
15. Redemption period is observed before adoption, euthanasia or transfer	Yes	
Detailed veterinary records were on file for dogs euthanized prior to the end of the	redemption period.	
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	Yes	
19. Written contract or lease with municipality	Not Applicable	

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Town - City - Village Information for Inspection:

TCV CODE	TCV NAME	
1426	City of Buffalo	

REMARKS:

Veterinary care, shelter disinfection and employee education procedures have been implemented due to outbreaks of viral diseases.

REPRESENTATIVE PRESENT FOR INSPECTION: Kelly McCartney / Susan REVIEWED BY: Inspector #: 14
TITLE: Director / Account Clerk Ward REVIEWED DATE: 10/07/2013