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: **10/30/13 9:00 am**

**CITY OF OSWEGO ANIMAL SHELTER**
**621 E SENECA STREET**
**OSWEGO NY 13126**

Inspector #: **64**

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

| | |
|---|---|
| **1. Shelter is structurally sound** | Yes |
| *Few structurally sound kennels are available in the outdoor runs. Many of the kennels have chewed support beams, missing or damaged cinderblocks, and rusted support frames around the gates. You must have enough structurally sound kennels available to house all dogs taken in by the contracted towns.* | |
| **2. Housing area and equipment is sanitized regularly** | Yes |
| **3. Repairs are done when necessary** | Yes |
| *Repairs must be done as needed in order to keep all municipal dogs safe in a structurally sound environment.* | |
| **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 |
| **12. Dogs are euthanized humanely, by authorized personnel** | 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** | Yes |
| **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** | Yes |
| **19. Written contract or lease with municipality** | Yes |

Town - City - Village Information for Inspection:

| TCV CODE | TCV NAME |
|---|---|
| 3507 | Town of Hastings |
| 3508 | Town of Mexico |
| 3516 | Town of Richland |
| 3519 | Town of Scriba |
| 3523 | City of Fulton |
| 3524 | City of Oswego |
| 3509 | Town of Minetto |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Caroline Anderson**
TITLE: **ACO/Shelter manager**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **11/01/2013**