

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **11/8/13 11:15 am**

**WAYNE COUNTY HUMANE SOCIETY  
 1475 COUNTY HOUSE ROAD  
 LYONS NY 14485**

Inspector #: **56**


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

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|---|-----|
| <b>1. Shelter is structurally sound</b>   | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>   | Yes |
| <b>3. Repairs are done when necessary</b>   | Yes |
| <b>4. Dogs are handled safely</b>   | Yes |
| <b>5. Adequate space is available for all dogs</b>  | Yes |
| <b>6. Light is sufficient for observation</b>   | Yes |
| <b>7. Ventilation is adequate</b>   | Yes |
| <b>8. Drainage is adequate</b>  | Yes |
| <b>9. Temperature extremes are avoided</b>  | Yes |
| <b>10. Clean food and water is available and in ample amount</b>  | Yes |
| <b>11. Veterinary care is provided when necessary</b>   | Yes |
| <i>Lyons Veterinary Clinic or Dr. Schneider provides services.</i>  |     |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>  | Yes |
| <i>Two certified euthanasia technicians are on staff.</i>   |     |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>   | Yes |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>   | Yes |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>  | Yes |
| <i>Fees are collected by the municipality. A receipt of the payment is kept on file at the shelter. The shelter will collect the fee if the municipal clerk's office is closed. Monies collected are tracked on a computer data base and credited back to the municipality.</i> |     |
| <b>16. Owners of identified dogs are properly notified</b>  | Yes |
| <b>17. Redeemed dogs are licensed before release</b>  | Yes |
| <b>18. Proper impoundment fees paid before dogs are released</b>  | Yes |
| <b>19. Written contract or lease with municipality</b>  | Yes |

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Town - City - Village Information for Inspection:

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| <b>TCV CODE</b> | <b>TCV NAME</b>    |
|-----------------|--------------------|
| 5403            | Town of Galen      |
| 5401            | Town of Arcadia    |
| 5402            | Town of Butler     |
| 5404            | Town of Huron      |
| 5405            | Town of Lyons      |
| 5406            | Town of Macedon    |
| 5407            | Town of Marion     |
| 5408            | Town of Ontario    |
| 5409            | Town of Palmyra    |
| 5410            | Town of Rose       |
| 5411            | Town of Savannah   |
| 5412            | Town of Sodus      |
| 5413            | Town of Walworth   |
| 5414            | Town of Williamson |
| 5415            | Town of Wolcott    |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Mark Plyter**  
TITLE: **Director**

REVIEWED BY: **Inspector #: 14**  
REVIEWED DATE: **11/12/2013**