

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **12/30/13 10:00 am**

**OLIVE DOG SHELTER  
PO BOX 180 45 WATSON HOLLOW RD  
WEST SHOKAN NY 12494**

Inspector #: **67**

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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><br><i>Bleach and water.</i>                                      | Yes            |
| <b>3. Repairs are done when necessary</b><br><i>Floors are due to be painted</i>   | 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><br><i>Woodstock Veterinary Hospital and mobile vet from Boiceville</i> | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>   | Yes            |
| <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            |
| <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>   | Not Applicable |

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Town - City - Village Information for Inspection:

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<b>TCV CODE</b>	<b>TCV NAME</b>
5111	Town of Olive

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Ruth Williams**  
TITLE: **DCO/ shelter manager**

REVIEWED BY: **Inspector #: 18**  
REVIEWED DATE: **01/06/2014**