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: 1/9/14 12:45 pm

WILSON DOG SHELTER 3356 CAMBRIA-WILSON ROAD WILSON NY 14172 Inspector #: 56

1. Shelter is structurally sound	Yes
2. Housing area and equipment is sanitized regularly	Yes
3. Repairs are done when necessary	Yes
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
Heat lamps are used in low temperatures.	
10. Clean food and water is available and in ample amount	Yes
11. Veterinary care is provided when necessary	Yes
Wright's Corners Animal Hospital would provide services.	
12. Dogs are euthanized humanely, by authorized personnel	Not Applicable
Wright's Corner's Animal Hospital would provide this service.	
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
No dogs were transferred.	
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
Redemption fees charged on subsequent seizures of any dog owned by a person were discussed.	
19. Written contract or lease with municipality	Not Applicable

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Town - City - Village Information for Inspection:

TCV CODE TCV NAME 2912 Town of Wilson

REMARKS:

TITLE: DCO

REPRESENTATIVE PRESENT FOR INSPECTION:

Rich & Stan Culverwell

Inspector #: 14 REVIEWED BY:

01/13/2014 REVIEWED DATE: