

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **1/11/14 2:00 pm**

**CHILI ANIMAL SHELTER
 3333 CHILI AVE
 ROCHESTER NY 14624**

Inspector #: **56**

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

- | | |
|--|-----|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly | Yes |
| 3. Repairs are done when necessary | Yes |
| <i>Some paint has flaked off of cement block kennel walls but surfaces under the paint are waterproof. Scraping the old paint off and re-painting porous areas is recommended.</i> | |
| 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 |
| <i>Chili Veterinary Care, Scottsville Veterinary Hospital or Monroe Veterinary Specialists and Emergency Care provide services.</i> | |
| 12. Dogs are euthanized humanely, by authorized personnel | Yes |
| <i>The animal hospitals providing care also provide this service.</i> | |
| 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
2602	Town of Chili

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Asst. DCO / Dep. Comm. of Pu**

**Randy Ackly and Brian
Ostling**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **01/14/2014**