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: **2/13/14 1:20 pm**

FORT HYDE KENNELS
8513 RIDGE RD
GASPORT NY 14067

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
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

Medina or Lake Ave Veterinary Hospitals or the Buffalo Veterinary Emergency Clinic provide services.

12. Dogs are euthanized humanely, by authorized personnel	Yes

The veterinary hospitals noted above or the SPCA Serving Erie County 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	Yes

Dogs were transferred to the SPCA Serving Erie County

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

Impoundment fees are collected by the municipality. In one case, the impoundment fee was not increased upon the subsequent seizure of a dog owned by the same person. Section 117.4 of Article 7 requires the fees to increase when any dog owned by a person is seized within one year of a first impoundment. Fees may also increase if set in local law. Clerks must collect the proper fee as stated in the state or municipal law.

19. Written contract or lease with municipality	Yes

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
2902	Town of Hartland
2910	Town of Somerset

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Sarah Reed**
TITLE: **Manager**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **02/21/2014**