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: **6/4/14 1:00 pm**

SUSQUEHANNA SPCA
4841 ST HWY 28
COOPERSTOWN NY 13326

Inspector #: **54**

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
Cooperstown Veterinary Clinic	
12. Dogs are euthanized humanely, by authorized personnel	Yes
NYSDOH Euthanasia Technician Cert#00746, Exp 3/30/17 & DOH reg. for Inc. Soc. #10116 Exp 3/30/17	
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	Not Applicable
Handled by respective town DCO's.	
17. Redeemed dogs are licensed before release	Yes
Licensing handled by respective town/city clerks.	
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
3604	Town of Decatur
3606	Town of Exeter
3602	Town of Butternuts
3603	Town of Cherry Valley
3607	Town of Hartwick
3608	Town of Laurens
3610	Town of Middlefield
3611	Town of Milford
3625	City of Oneonta
3614	Town of Oneonta
3616	Town of Otsego
3617	Town of Pittsfield
3620	Town of Roseboom
3621	Town of Springfield
3623	Town of Westford
3624	Town of Worcester

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Liz Mackey**
TITLE: **Manager/Director**

REVIEWED BY: **Inspector #: 50**
REVIEWED DATE: **06/09/2014**