# MUNICIPAL SHELTER INSPECTION REPORT - DL-90 

DATE/TOA: 7/9/14 2:10 pm

## 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 |
| 12. Dogs are euthanized humanely, by authorized personnel | Yes |
| 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 | No |
| Two dogs transferred one day before redemption period had ended. On Redemption days cover a 24 hour period. Do not count the day of seizure would be day one of the redemption period. | fter period had ended. one, the day following the date of |
| 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 |
| Town has established their own impoundment fee schedule |  |
| 19. Written contract or lease with municipality | Not Applicable |
| Shelter on DCO's premises |  |

Town - City - Village Information for Inspection:

| TCV CODE | TCV NAME |
| :---: | :--- |

REMARKS:

| REPRESENTATIVE PRESENT FOR INSPECTION: | Carla Hartman |
| :--- | :--- |
| TITLE: $\quad$ Shelter operator |  |

