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: **10/8/14 2:30 pm**

POTSDAM HS
17 MADRID AVENUE
POTSDAM NY 13676

Inspector #: **65**

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	Yes
16. Owners of identified dogs are properly notified	Not Applicable

DCOs are responsible for owner notification

17. Redeemed dogs are licensed before release Yes

All redeemed dogs now licensed before release. DCOs were notified of dogs previously released without licenses and have ensured that those being kept in contracted towns have since been licensed. The license numbers have been added to the shelter's records.

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
4001	Town of Brasher
4004	Town of Clifton
4005	Town of Colton
4013	Town of Hermon
4014	Town of Hopkinton
4016	Town of Lisbon
4022	Town of Norfolk
4024	Town of Parishville
4028	Town of Potsdam
4031	Town of Stockholm
4015	Town of Lawrence

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Alysia Maynard/ Bonnie Peryer**
TITLE: **Shelter Manager/Office Manag**

REVIEWED BY: **Inspector #: 50**
REVIEWED DATE: **10/16/2014**