

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory60**

Purpose: **Inspection**

DATE/TOA: **10/8/14 12:15 pm**

**CITY OF OSWEGO ANIMAL SHELTER
 621 E SENECA STREET
 OSWEGO NY 13126**

Inspector #: **64**

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
<i>Disinfecting with bleach</i> | Yes |
| 3. Repairs are done when necessary
<i>Repairs are in progress.</i> | 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
<i>Contracting with Dr. Ken Hodgson and Dr. Diamond</i> | 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 | Yes |
| 17. Redeemed dogs are licensed before release
<i>Licenses must be recorded on disposition report to show for inspection.</i> | No |
| 18. Proper impoundment fees paid before dogs are released
<i>Town clerk handles this. Redemption fees must be recorded to show for inspection</i> | No |
| 19. Written contract or lease with municipality | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3505	Town of Granby
3507	Town of Hastings
3508	Town of Mexico
3512	Town of Oswego
3516	Town of Richland
3519	Town of Scriba
3523	City of Fulton
3524	City of Oswego
3509	Town of Minetto

REMARKS:

Town clerks should record impoundment/redemption fees on receipt or disposition report.

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **ACO**

Caroline Anderson

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **10/17/2014**