

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **10/28/14 2:15 pm**

**CORTLAND CO SPCA  
 879 MCLEAN RD  
 CORTLAND NY 13045**

Inspector #: **20**

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These are the findings of an inspection of your facility on the date(s) indicated above:

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| <b>1. Shelter is structurally sound</b>  | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>  | Yes |
| <b>3. Repairs are done when necessary</b>  | Yes |
| <b>4. Dogs are handled safely</b>  | Yes |
| <b>5. Adequate space is available for all dogs</b>   | Yes |
| <b>6. Light is sufficient for observation</b>  | Yes |
| <b>7. Ventilation is adequate</b>  | Yes |
| <b>8. Drainage is adequate</b>   | Yes |
| <b>9. Temperature extremes are avoided</b>   | Yes |
| <b>10. Clean food and water is available and in ample amount</b>   | Yes |
| <b>11. Veterinary care is provided when necessary</b>  | Yes |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>   | Yes |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>  | Yes |
| <i>Missing license numbers on redemptions were filled in back to Jan.2014. There is now a note enclosed when license money is sent to the town clerks with the SPCAs e-mail and fax as a reminder to return the numbers.</i> |     |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>  | Yes |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>   | Yes |
| <b>16. Owners of identified dogs are properly notified</b>   | Yes |
| <b>17. Redeemed dogs are licensed before release</b>   | Yes |
| <b>18. Proper impoundment fees paid before dogs are released</b>   | Yes |
| <b>19. Written contract or lease with municipality</b>   | Yes |

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Town - City - Village Information for Inspection:

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<b>TCV CODE</b>	<b>TCV NAME</b>
1104	Town of Freetown
1102	Town of Cortlandville
1107	Town of Lapeer
0808	Town of Lincklaen
1108	Town of Marathon
1116	City of Cortland
1111	Town of Solon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:  
TITLE: **Asst. shelter manager**

**Tiffany Lyon**

REVIEWED BY: **Inspector #: 14**  
REVIEWED DATE: **10/30/2014**