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: **11/5/14 11:30 am**

SPCA OF NIAGARA COUNTY
2100 LOCKPORT RD
NIAGARA FALLS NY 14304

Inspector #: **56**

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
Dr. Persico and Grand Island Animal Hospital provide services.	
12. Dogs are euthanized humanely, by authorized personnel	Yes
The entities noted above or Certified Euthanasia Technicians on staff provide this service.	
13. Complete intake and disposition records are maintained for all seized dogs	Yes
Records consist of hard copies and Pet Point.	
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	Yes
In some cases the shelter will collect the license fee and send it with an application to the proper municipality.	
18. Proper impoundment fees paid before dogs are released	Not Applicable
Impoundment fees are collected by the municipalities.	
19. Written contract or lease with municipality	Yes

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
2904	Town of Lockport
2913	City of Lockport
2905	Town of Newfane
2906	Town of Niagara
2901	Town of Cambria
2911	Town of Wheatfield
2915	City of North Tonawanda
2914	City of Niagara Falls
2907	Town of Pendleton

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Lauren Zaninovich**
TITLE: **Shelter Manager**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **11/12/2014**