

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **1/2/15 10:00 am**

**OLIVE DOG SHELTER
PO BOX 180 45 WATSON HOLLOW RD
WEST SHOKAN NY 12494**

Inspector #: **67**

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
Floors in need of repainting/sealing. DCO states planning to do in spring.
- 4. Dogs are handled safely Yes
DCO uses own vehicle. Has catch pole, gloves, leashes and crates.
- 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. Diane Snyder and Dr. Ulysses Rosenzweig of Boiceville Veterinary Hospital
- 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 Yes
- 18. Proper impoundment fees paid before dogs are released Yes
- 19. Written contract or lease with municipality Not Applicable

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
5111	Town of Olive

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Julie Scott**
TITLE: **DCO**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **01/05/2015**